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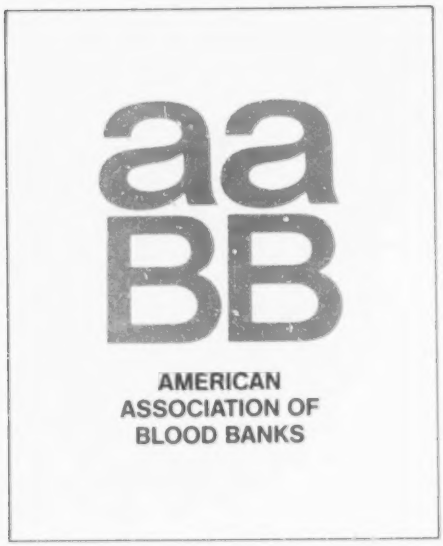

ANNUAL REPORT

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President's Report

It became obvious in 1988 that the scientific and administrative efforts to curtail transfusion-associated AIDS which had so dominated our professional lives in the immediately preceding years were indeed a success. The screening of donors since 1983 and the testing of blood since 1985 had virtually eliminated the risk of AIDS from transfusion.

Precautionary testing to prevent a related problem with HTLV-I was introduced and surrogate testing for the unidentified cause(s) of non-A, non-B hepatitis was underway. Blood was safer by year's end than it had ever been. Hopefully some of that newer testing may be proven to be unnecessary in the future.

It was a battle all year to get the public to accept that there is no more chance of obtaining a zero risk blood supply than there is of obtaining a zero risk in anything. I was quoted by a *Washington Post* reporter in March of 1988 as saying, "By introducing more tests we could push beyond the point where the system can manage it. I think we are very close to that point, but we have not yet reached it." By October 1988, some blood centers reached the point of management failure, according to the FDA, and all centers were spending more time looking at their computers than at their blood-typing machines.

Those were the factors which led the AABB to decide in 1988 to initiate a cooperative effort among the blood collecting organizations to determine the need for introducing a test for the HIV antigen. A study was authorized to discover the prevalence of the HIV antigen in a half-million current donors who are negative for the HIV antibody and who pass all other screening tests.

The HIV antigen test will be evaluated on scientific grounds in the same way that the HBsAg antigen was evaluated in 1970. It is worth remembering that the laws passed for hepatitis twenty years ago in almost fifty state legislatures protect blood banks against liability for implied warranty provided that those banks properly perform the necessary tests. Each of those state legislatures accepted the premise that the tests which were necessary were the tests decided upon by the scientific community and not by the media, the lawyers, the insurance companies nor the courts.

The similar scientific data to be gathered about the HIV antigen will allow for a proper and realistic debate on the risk/benefit ratio for that test. That study can serve as a model for evaluating not only the benefits of future testing of blood for transfusion, but also the value of many other procedures proposed for laboratory and clinical medicine. Appropriately, some of the money to support this study of benefit to transfusion medicine and its patients was granted by the AABB Foundation.

I began my presidency by pleading for perspective, i.e., the capacity to view things in their relative importance. I suggested that some decisions in transfusion medicine were being made for legal reasons and not because of what we knew was best for patient or donor. By year's end, blood bankers began to re-state and re-believe that we know more about blood transfusion than the lawyers or the press know. We have recaptured our perspective that scientific decisions need to be made on scientific grounds. I believe that the return of perspective has placed the Association in a powerful position in the ethical practice of medicine.

As an outgrowth of its public policies and visibility, the AABB found itself necessarily very involved in 1988 with organizations such as the College of American Pathologists, the American Medical Association, and the American Hospital Association. One main example was in the execution of "Look Back" to

protect the contacts of patients transfused before the virtual elimination of transfusion-associated AIDS. That would have been a logical activity to pursue inside the American Blood Commission (ABC).

That ABC was founded in 1975 to be a national forum through which consumers could meet with all organizations interested in transfusion. But by 1988, the consumer forces had dropped out of the ABC and moved on to other areas of health interest. The federal government had withdrawn its financial support. The medical organizations found that they had to move rapidly and no longer used the ABC as a forum for concerted effort on problems such as AIDS. Some of the activities of the ABC were operationally in conflict with, or duplicated those of, the AABB and other member organizations. The AABB left the ABC in 1988 with a salute to all the organizations and people, including AABB members, who worked in the ABC for the principles on which it was founded. The AABB will continue the dialogue with consumers and other organizations in more direct ways.

Patients who had a medical need for blood continued to use blood in increasing quantities. The fears of the public about contracting AIDS from donating blood turned out to be the replies to pollsters of those who already were using many other excuses for not donating blood. Against the background of virtually no cases of HIV transmission by transfusion in 1988, there was no opportunity to prove or disprove the value of patient selected "directed" donors nor of autologous transfusion. Nevertheless, the AABB's National Autologous Blood Resource Center was able to support the demand for autologous transfusion in the non-profit sector despite for-profit attempts to exploit the public interest.

The divisive debate over identifying the AABB as either a professional association or a trade association was cooled as both sides recognized the advantages of working with the majority of members who see it as both. The result was an association united in a strong fiscal position to act for the benefit of its members and those it serves.

Internally, the AABB began a major self study of its educational programs and its inspection and accreditation programs. Policy-making for the organization resides in the Board of Directors and that group has no fear of examining, revising or altering its programs. The President, as CEO, must carry out those policies even when not in agreement.

There is no standing still inside the AABB and the President, as Chairman of that Board of Directors, works hard to keep ahead. I do not list in this message other major activities that the Board undertook in 1988, not even just those that succeeded, because I know that I could omit many that are of great interest to some special donors or patients or blood bankers.

I thank the Board, the staff, the committees and all the members for the opportunity to serve with you. It gave me the chance to visit all of the five AABB districts and there to meet again many old friends and to make some new ones. Life goes on.

Paul J. Schmidt, MD
President, 1987–1988

Executive Director's Report

The 1988 Association year saw significant changes in the National Office structure. The Board of Directors, seeking to increase the AABB's ability to respond to the ever increasing pace of change in scientific, medical and technical areas that affect blood banking, approved the creation of a Division of Scientific Affairs. We were fortunate to find Arnoz Chernoff, MD, retiring from the National Heart, Lung and Blood Institute, and seeking a new challenge. Dr. Chernoff began in April as Associate Executive Director for Scientific Affairs. He quickly made organizational changes and began work on significant projects such as the Scientific Think Tank and HIV-Antigen Study, the results of which will soon be available.

The Scientific Affairs Division was created by taking two departments—Certification and Accreditation, as well as Technical Affairs—from the Program Division, headed by JoAnn Hoffman. That Division has also changed significantly, in that, after eight years as Director of Meeting Services, JoAnn has stepped away from that position to focus her efforts as the Division's Associate Executive Director, and to run the AABB Foundation.

Educational programs were offered on a variety of fronts by the AABB in 1988. Several national conferences, including an extremely successful one on autologous blood transfusion, were sponsored. These conferences appear to have become a permanent part of the AABB's annual educational activities. They meet a need for addressing significant issues of national importance, with a short lead time. Teleconferencing was also implemented in 1988 and these educational programs seem to be flourishing.

Another significant change began in 1988, when the Board approved a plan to purchase the Association's official journal, TRANSFUSION, from the J.B. Lippincott Company, which had owned it from its inception. The AABB will begin publishing the journal in-house in 1990. This will make the Publications Department a very active small publishing house. The department will be responsible for over a million dollars a year in gross publications revenues.

Associations exist for a variety of reasons, but one of their principal purposes is communication. During 1988, *Blood Bank Week*, the AABB's weekly newsletter, increased its circulation to 1400. The monthly publication *News Briefs* was expanded in size so that it can contain more AABB news. We have recently expanded our communications staff so as to improve the quality of both these publications.

P. Robert Rigney, Jr., Associate Executive Director for Public Affairs, is responsible for communications, governmental, and legal affairs. Because of the many lawsuits directed at our members due to transfusion associated AIDS, we began in 1988, a legal clearinghouse to help with various problems that arise as a result of these suits. Our interface with legislative and regulatory agencies has also increased dramatically. A great deal of time is spent talking to governmental staff, answering member inquiries, and talking to news writers, all as a result of the current legal climate.

The last of the four National Office Divisions is Administration and Finance, headed by Bruce Fuller. Bruce assumed his job in mid-1988. After a special audit and much hard work, Bruce is focusing on problems with our accounting system and has made much progress toward bringing it into a functioning mode.

The National Blood Exchange continues to fulfill an important role in the nation's blood resource system. Despite fear that the need for resource sharing may be diminishing, the NBE appears to meet a need for fulfilling blood shortages, while operating in an efficient and cost effective manner.

As the National Office staff grows in order to keep pace with the growing needs of the membership, it is inevitable that some members sense a loss of control over AABB activities. My view of this situation is that this growth reflects the success of the Association, responds to the changing demands placed upon the profession, and is, unfortunately, dictated by a reduction in the amount of time that the members can be away from their jobs. If there is to be any concern, it should not be over the growth of the staff, but with respect to control. The staff, regardless of size, must respond to the goals and objectives established by the members. The work of the Planning Committee will go a long way in establishing future direction for the AABB.

It continues to be my privilege to direct the AABB staff, which consists of talented and hard working professionals. I thank each and every one of them in their efforts, and pledge our energies toward carrying out the Association's plans and experiencing a successful year in 1989.

Gilbert M. Clark, JD
Executive Director

The AABB in 1988

Promoting Professional and Scientific Achievement

Membership

Despite a dues increase, membership in the Association in 1988 continued to grow. Almost one thousand new members joined the AABB during the year, bringing membership to an all-time high of 10,130.

Individual membership increased to 7753, the largest number of individual members in AABB's history. Individual AABB members included 2078 physicians, 5479 non-physicians, 6 life members, 189 emeritus members and one honorary member.

Institutional membership also reached a record level in 1988, following a small decrease in the previous year. A total of 2377 facilities were members of the AABB, an increase of 33 over the previous year. AABB's institutional members included 157 community blood centers, 648 hospital blood banks, 1538 hospital transfusion services, 72 associate institutional and 26 international associate institutional members.

International membership in the AABB also registered an increase in 1988. More than 800 individuals and 30 institutions from approximately 50 countries held AABB memberships. This represented about a 13% increase in international membership over the previous year.

Transfusion

AABB's professional journal, *TRANSFUSION*, has enjoyed growth in Volume 28, under the new editor, J. Jeffrey McCullough, MD. This growth has occurred in the total number of pages in the volume, in the number of manuscripts submitted, and in the number of editorials published. Editorials covered original research topics including the inactivation of virus in blood components, refractoriness to platelet transfusions, crossover of autologous donations and future trends in transfusion medicine.

Plans were implemented for further expansion of the journal including, in addition to original research, the publication of scholarly analysis of current topics in blood banking through review articles, and the introduction of a new feature called Controversies in Transfusion Medicine.

Another major change was that the 1988 Annual Meeting abstracts were published as a supplement to *TRANSFUSION*.

President Schmidt passes the gavel to incoming president Laurence A. Sherman, MD, at the Annual Banquet.

Election

A new board of directors was chosen at the 41st Annual Business Meeting in Kansas City, Missouri. Laurence A. Sherman, MD, of St. Louis, Missouri, who was named president-elect in 1987, assumed the office of AABB president. Toby L. Simon, MD, Albuquerque, New Mexico, was chosen president-elect to take office in October, 1989. The other officers elected to the executive committee were: Donald D. Doddridge, St. Petersburg, Florida, vice president; Margaret E. Wallace, MHS, MT(ASCP)SBB, Shreveport, Louisiana, secretary; Alfred J. Grindon, MD, Atlanta, Georgia, treasurer. Paul J. Schmidt, MD, Tampa, Florida, became the immediate past-president.

Elected as district directors were: Frances S. Chizeck, Bethlehem, Pennsylvania, Northeast District; Gene A. Erickson, Greenville, South Carolina, Southeast District; Jay E. Menitove, MD, Milwaukee, Wisconsin, North Central District; Bobby Grigsby, CPA, Houston, Texas, South Central District; and Arthur J. Silvergleid, MD, San Bernardino, California, Pacific District.

Not subject to election this year were district director Edward L. Snyder, MD, New Haven, Connecticut, Northeast District; Charles H. Wallas, MD, Nashville, Tennessee, Southeast District; Suzanne H. Butch, MT(ASCP)SBB, Ann Arbor, Michigan, North Central District; E. Shannon Cooper, MD, New Orleans, Louisiana, South Central District; and Stephen J. Brown, MT(ASCP)SBB, Denver, Colorado, Pacific District.

Paul Ness, MD, Baltimore, Maryland, was elected chairman of the Scientific Section Coordinating Committee (SSCC) and the SSCC representative on the board of directors. Page D. Sanchez, MHS, MT(ASCP)SBB, New Orleans, Louisiana, was elected chairman of the Administrative Section Coordinating Committee (ASCC) and the ASCC representative on the board.

Members retiring from the board of directors in 1988 were Edwin A. Steane, PhD, Dallas, Texas, immediate past president, and Louise J. Keating, MD, Cleveland, Ohio, North Central District director.

Awards

Each year the AABB presents Memorial Awards to individuals for their scientific discoveries and outstanding service in the field of blood banking and transfusion medicine.

Charles Pierre Salmon, MD, internationally reknowned for his many significant contributions to immunohematology, was honored with the 1988 Karl Landsteiner Memorial Award.

The John Elliott Memorial Award was presented to Alfred J. Grindon, MD, for his long-standing commitment to the goals and programs of the AABB, his membership on the Board of Directors, and for chairing important committees with unwavering commitment to intellectual honesty and scientific integrity.

Tibor J. Greenwalt, MD, was honored with the Morten Grove-Rasmussen Memorial Award for his work as founding editor of the journal, *TRANSFUSION*, and for his many scientific contributions to immunohematology and red cell aging.

The Ivor Dunsford Memorial Award was presented to P. Ann Hoppe, for her positive influence on many aspects of transfusion medicine in the United States and abroad through the skillful use of her extensive knowledge of the interaction of federal policies and the practice of blood banking.

Laurence W. Marsh, PhD, FRCPath, FIBiol, FIMLS, the 1988 Emily Cooley Award recipient and lecturer, was honored for his pioneering work in blood group systems.

The 1988 Outstanding Administrator was Jane A. Mackey, recognized for her academic and administrative achievements and in recognition of her dedication and diligence in serving humanity in an essential and noble cause.

Nancy J. Chapman was honored with the 1988 Outstanding Donor Recruiter Award for her outstanding contributions in the area of donor recruitment.

The recipients of the 1988 Distinguished Service Award were Edward O. Carr, MT(ASCP)SBB; John D. Milam, MD; and Grace M. Neitzer, MT(ASCP)SBB, for their leadership in a complex emotional environment, which led to the virtual elimination of transfusion transmitted AIDS and preserved the existence of the nation's blood supply.

Walter F. Bodmer, PhD, FRCPath, FRS, was the 1988 Scientific Lecturer, and spoke at the Annual Meeting on "Application of Gene Analysis the HLA and Cancer Field."

At the 1988 AABB Business Meeting at the Annual Meeting in Kansas City, the AABB was privileged in honoring nine organizations and two individuals with Awards of Merit for their significant contributions to blood banking.

KCRA-TV, Sacramento, California, was honored in the Television category for a week-long blood drive at Sacramento Medical Foundation, which collected 3400 pints of blood and recruited almost 800 first-time donors.

Jones Intercable, Cablevision Industries, Palmer Cablevision and Storer Cable, Fort Myers, Florida, were honored in the Other Media category for their outstanding efforts, creativity, most exposure time during blood drives at Edison Regional Blood Center and for recruiting over 1000 additional participants.

KKAJ-FM and KVSO-AM of Sunburst Broadcasting, Ardmore, Oklahoma, received an award in the Radio category for their remote broadcasts without cost during holidays and special events and for securing thousands of additional donors at Southern Oklahoma Blood Institute.

Mr. Theodore Crom, Hawthorne Florida, was honored in the Individual category for his unparalleled commitment and dedication Civitan Regional Blood Center and to the patients in North Central Florida.

University of Illinois at Champaign-Urbana was honored in the Educational category for their 16 year-old-model blood drive program run by student volunteers, providing over 11,000 blood donations annually, and for their support at the Champaign County Blood Bank.

Friends Church, Friendswood, Texas, received an award in the Organization-Group category, for their efforts in educating the community and achieving a 175% growth in the participation rate in their blood drives over 8 years in conjunction with Gulf Coast Regional Blood Center.

T.U. Electric, Dallas, Texas, received an award in the Group category for their hard work during company blood drives, which collected 1101 units in 1987, and support of the program at the Blood Center at Wadley.

Captain Joseph W. Brown, Wright Patterson Air Force Base, Dayton, Ohio, was honored for his ability to motivate others as a volunteer donor recruiter on the base, for increasing blood donations from 3000 to 4100 units and supporting the Community Blood Center of Dayton.

The Presidential Awards are given annually to recognize organizations and individuals who support voluntary blood donations nationwide. At the Annual Banquet in Kansas City, two groups that made great contributions to increase public awareness about the need for blood donations were honored. Alpha Phi Omega, national service fraternity, through their 350 chapters on U.S. college campuses have dedicated themselves to leadership, friendship and service. Sponsoring blood drives since the fraternity's founding in 1925 was a large part of APO's nationwide service program. They were nominated by the Blood Center at Wadley, Dallas, Texas. James River Corporation, Richmond, Virginia, held independently sponsored blood drives at its various facilities for many years. In 1985, they were encouraged by the Richmond Metropolitan Blood Service to begin a donor campaign that resulted in 168% increase in blood donations in 1986 and 1987.

Fenwal Scholarships were presented to the following students who wrote award winning essays: Brenda J. Lee, BB(ASCP)SBB, Bethesda, Maryland; Claudio Alvin Limiac, MT(ASCP)SBB, Cincinnati, Ohio; Colleen G. McGuinness, MT(ASCP)SBB, Cincinnati, Ohio; and Lisa Kim Richardson, MT(ASCP)SBB, Baltimore, Maryland.

Certification

The AABB is actively involved in encouraging and providing the means for the education of new blood bank professionals. To do so, it offers certification through its Blood Bank Technologist (BB) and Specialist in Blood Banking (SBB) designations. In 1988, 110 SBBs and 119 BBs were certified.

There are 32 facilities in the United States that offer accredited SBB Education Program, endorsed by the AABB and the Committee on Allied Health Education and Accreditation of the American Medical Association.

Accreditation

Of the 2523 participants in the Inspection and Accreditation (I&A) program, 1060 (42%) were accredited during this year. The number of overseas facilities participating in the I&A program grew to 44.

A program to coordinate inspections with the College of American Pathologists was established. Over 450 participants have an ongoing request for coordination of their AABB and CAP inspection.

Accreditation equivalency programs were maintained with eight states, the U.S. military and Humana, Inc.

In 1988, the I&A Committee received Board approval for Computer Services to be included as part of an AABB inspection.

Policies

HTLV-I

Following presentation of a study conducted by the American Red Cross (ARC) at the AABB 40th Annual Meeting in Orlando, the AABB, the ARC and the Council of Community Blood Centers (CCBC) issued a joint statement on November 20, 1987 on human T-lymphotropic virus (HTLV-I). The statement said that "[E]xcluding units of blood potentially infective for HTLV-I through the use of tests licensed by the Food and Drug Administration is a reachable goal," and that the organizations were working with the Food and Drug Administration and manufacturers to develop a test.

At its January 1988 meeting, the AABB Board of Directors endorsed the necessity to screen blood donations for the presence of anti-HTLV-I and to require the membership to institute testing as soon as a test was licensed by the FDA.

HIV-2

In February, AABB President Paul J. Schmidt, MD, advised the membership about the first case of HIV-2 infection discovered in the United States as reported by the Centers for Disease Control (CDC). The membership was informed that there was no need to begin screening the blood supply for HIV-2, but that surveillance was continuing.

Standards

The AABB Board of Directors approved the recommendations from the Standards Committee to add several standards to the 12th edition of *Standards for Blood Banks and Transfusion Services*. The changes involved donor screening for HIV-1, HIV-2 , and Creutzfeldt-Jacob Disease (CJD); the expiration date for frozen red blood cells; testing of recipient blood; and testing of apheresis and cytapheresis donors' blood.

In addition, the Board approved the Transfusion-Transmitted Diseases (TTD) Committee policy recommendations regarding units subjected to the confidential unit exclusion process. The Board also approved recommendations against the practice of offering HIV antibody testing as an inducement for blood donation.

Factor VIII Shortage

In August, the AABB advised its member institutions to anticipate shortages of Factor VIII. Members were encouraged to assess the need for Factor VIII in their geographic areas and to consider stockpiling cryoprecipitate and identifying cryoprecipitate donors for emergency situations, if needed.

National Bone Marrow Donor Registry

The National Bone Marrow Donor Registry, funded by the Office of Naval Research, signed up over 12,000 potential donors out of a potential pool of 80,000 in 1988.

Co-sponsored by the AABB, the American Red Cross and the Council of Community Blood Centers, the registry is an excellent resource for clinical and basic biomedical research when additional potential donors are recruited. Improving the use of bone marrow for transplants and clinical trials are its primary focus.

Many AABB blood centers are participating by providing lists of HLA-typed donors. The Registry's headquarters are located in the St. Paul Red Cross.

In addition, the AABB provides information services to registries and physicians seeking access to lists of HLA- typed donors.

Providing Leadership in Educational Activities and Services

Annual Meeting

The 41st Annual Meeting, held October 8-13 in Kansas City, Missouri, provided members and nonmembers alike with the largest blood banking educational event of the year. Over 6000 attendees came from all over the world. Planning for the meeting and its various sessions was carried out by numerous AABB committees and individual volunteers.

Over 4000 persons attended 24 scientific workshops addressing such topics as platelets, new technology, intravenous gammaglobulin therapy, interpretation of the positive DAT and blood group systems.

Administrative sessions included presentations on performance standards, guidelines for computer use, computer performance standards, customer relations, employee motivation, effective management techniques, communications skills and market research.

The Annual Seminar featured the topic "Progress in Immunohematology" to complement the Emily Cooley Lecture.

A total of 150 scientific papers and posters were presented. These were selected from 250 abstracts submitted for review by the Selection of Scientific Abstracts Committee and over 90 other volunteer reviewers. There were 101 administrative papers

and posters selected from 165 abstracts reviewed by the Administrative Program Committee.

An unprecedented 20 forums were held representing the interests of several specialties within the field of blood banking and transfusion medicine. These forums appealed to donor recruiters, inventory managers, public relations practitioners, donor room personnel, nurses, technical directors, hospital chief technologists, international attendees, SBB faculty, parentage testing specialists and computer users.

Seven research and progress (RAP) sessions were well-attended, as was the National Affairs Symposium on "FDA Inspection of Blood Banks," cosponsored by the Scientific and Administrative Sections. Approximately 650 people attended the "Ask the Experts" session, which featured panelists from the Standards, Technical Manual and Inspection and Accreditation Committees, as well as experts on specific topics of interest.

This year's Annual Meeting hosted the largest exhibit in AABB history—a total of 406 exhibit booths. The 146 exhibiting companies sponsored a record number of educational events and social activities as well.

National Conferences

Well over 100 donor recruitment and public relations specialists attended the February 1988 conference entitled, "Beyond AIDS—Coping With Change," held in Arlington, Virginia. The two-day conference featured speakers on donor incentives, the impact of legislation, marketing specific blood center services, high risk demographics and a number of other topics. This conference was sponsored by the Donor Recruitment and Public Relations Subcommittee of the Administrative Section Coordinating Committee.

"Autologous Blood Transfusion," a national conference and issues forum, was presented in Redondo Beach, California in May, to an audience of approximately 270. Topics discussed included: crossover, disease marker testing, donation by pregnant and cardiac patients, labeling autologous units and several other issues. In the unique forum structure, a variety of stimulating presentations were made, reflecting the controversy surrounding this topic. Transcripts have been published. This conference was sponsored by the National Autologous Blood Resource Center.

In June, a conference on "Inventory Management in a Changing Environment" was held in New Orleans, Louisiana. Those in attendance heard presentations on such topics as: the impact of recruitment efforts, improving the laboratory's response, infectious disease testing, marketing strategies, and conservation techniques.

Publications

In 1988, the AABB produced publications on a number of topics, including: platelets; Duffy, Kidd and Lutheran blood group systems; new technology in blood banking; intravenous gammaglobulin therapy; the direct antiglobulin test; immunohematology; histocompatibility testing; and risk management.

Teleconferences

Teleconferences held in 1988 were "Laboratory Safety," with 993 participants and "Febrile Transfusion Reaction," with a record-setting 1306 participants. Slides, tapes and agenda material from these increasingly popular programs are available for purchase.

Special Presentations

In 1988, "Advanced Immunohematology Review" sessions were held in Long Beach, California and Arlington, Virginia. "Approaches to Serological Problems in the Hospital Transfusion Service" was presented in Philadelphia, Pennsylvania.

Transfusion Medicine Education

The Transfusion Practices Committee published a brochure entitled "Out-of-Hospital Transfusion." A paper by committee members entitled "Transfusion Therapy in Emergency Medicine" was published in the *Annals of Transfusion Emergency Medicine*.

The Nursing and Donor Room Personnel Committee developed a curriculum for non-licensed blood collection personnel.

The Hemapheresis Committee published the results of their 1987 apheresis survey, which detailed 1985 and 1986 data on donor and therapeutic procedures, equipment and disease categories treated by plasma exchange.

The Molecular and Cellular Biotechnology Committee continued to publish relevant literature references for use by the Board and the membership. They continued to monitor the literature and the industry in areas of genetic engineering and cell culture. Also, they continued to maintain the speaker's bureau in biotechnology, which was created in 1987.

The Pediatric Hemotherapy Committee developed audit criteria for neonatal transfusions and provided review of neonatal and pediatric transfusion protocols. The committee continued to provide references on pediatric articles.

The Autologous Transfusion Committee published articles in *News Briefs* on controversies surrounding crossing over autologous units, acute normovolemic hemodilution and autologous patients with localized infections.

Informing the Profession and the Public

Newsletters

The weekly newsletter, *Blood Bank Week*, reached over 1400 subscribers in the U.S. and worldwide. The monthly newsletter, *News Briefs*, continued to expand coverage of the growing AABB membership, and was reformatted in January, 1988 to accomodate this growth.

Quarterly publications were produced for the Scientific Section, the Administrative Section, donor recruitment and public relations professionals, the inspectors in the Inspection and Accreditation Program, and SBB program directors.

Public Opinion Poll

In June, the AABB released the results of its third national public opinion poll on AIDS and the blood supply. The poll was conducted on a nationwide random sample of 1000 by the professional polling firm, Hamilton and Staff. The AABB poll is the only national survey which focuses primarily on AIDS and the blood supply.

The 1988 poll found that: AIDS has become the most serious health concern in the minds of the American public, ranking it above the more pervasive killers, cancer and heart disease; only one-fifth of those in the sample believed AIDS could be contracted from donating blood; a majority reported it unlikely that AIDS could be contracted from a blood transfusion; a majority considered the blood supply to be safe and had a high level of confidence in the performance of the nation's blood banks to provide a safe and adequate blood supply; Americans in the sample favored strong measures to screen donors and test blood; among donors, a high level of satisfaction was reported with the donation process; and most donors favored the use of strict screening procedures to discourage high risk individuals from donating blood.

A press conference was held to brief the national and local media on the survey results. The 1988 poll was also the basis for a national promotion on the safety of the blood supply to newspapers and magazines across the country.

Federal Activity

The AABB monitored federal legislation and advised members of Congress, Senators, and their staffs on several legislative initiatives concerning AIDS and the blood supply. The AABB supported H.R. 3071, the AIDS Federal Policy Act, and H.R. 3728, the Blood Donor Locator Service Act. In addition, the Association submitted written testimony on the following:

- S. 929, the Volunteer Protection Act of 1987, at a hearing of the Subcommittee on Courts and Administrative Practice of the Committee on the Judiciary, United States Senate, May 20, 1988;
- The "Mailing of Biological Toxins," a hearing of the Subcommittee on Postal Personnel and Modernization, Committee on Post Office and Civil Service, U.S. House of Representatives, October 5, 1988.

Throughout the year, the AABB also tracked the regulatory activity and proposals of several federal agencies, including the Department of Health and Human Services (HHS), the CDC, the FDA, the Environmental Protection Agency (EPA), the Health Care Financing Administration (HCFA), the Internal Revenue Service (IRS), the National Institutes of Health (NIH), the Occupational Safety and Health Administration (OSHA), the United States Postal Service (USPS) and the Department of Transportation. In addition, the AABB:

- Submitted official comments in response to the notice of proposed rulemaking concerning occupational exposure to HBV and HIV published by OSHA;
- Presented testimony on "The Health of Biomedical Research Institutions" at a hearing of the Advisory Committee to the Director, National Institutes of Health, in Chicago, Illinois, on March 24, 1988;
- Submitted official comments in response to the proposed rule entitled, "Hematology and Pathology Devices: Premarket Approval of the Automated Blood Cell Separator Intended for Routine Collection of Blood and Blood Products," published by the FDA;
- Submitted official comments on the proposed rule entitled, "Nonmailability of Etiologic Agents," published by the U.S. Postal Service.

State Activity

Assisted by individual and institutional members in several states, the AABB provided advice and expertise on a number of bills concerning blood banking and the safety of the blood supply. Written testimony was submitted at a special hearing of the New York legislature.

Presidential AIDS Commission

The AABB testified before the Presidential Commission on the Human Immunodeficiency Virus Epidemic on "The Confidentiality of HIV-related Information in Blood Banking and Transfusion Medicine." The testimony was presented at a hearing of the Presidential Commission in Nashville, Tennessee, on March 18, 1988. In addition, the AABB submitted official comments in response to the Commission's final draft report.

Legal Clearinghouse

The AABB established a legal clearinghouse in the National Office to collect and assist members with information on transfusion-associated AIDS/HIV litigation. Throughout the year, the Association also filed a number of amicus curiae briefs in transfusion-associated lawsuits brought against member institutions.

Serving Donors, Patients and Members

National Blood Exchange

The National Blood Exchange (NBE) facilitates the exchange of blood, blood components and blood credits between participating blood centers and hospitals in the United States. In 1988, transactions totaled 393,825. Of these transactions, 174,595 were whole blood or red blood cell transfers and 142,610 were transfers of components.

During 1988, the NBE consolidated the Northeast and Southeast district offices after Carol Wilson, the Southeast district representative, retired after 30 years of service. The Pacific district office was moved to Arlington, Virginia at the end of September.

The National Blood Resource Committee produced an Inventory Management Conference in New Orleans in June and held an Inventory Management Forum at the AABB Annual Meeting in Kansas City. The committee revised the NBE shipping form and responded negatively to a Request for Proposal from the military to provide them with frozen type O units due to lack of interest from NBE participants and because the committee felt the proposal would have a deleterious affect on the nation's blood supply.

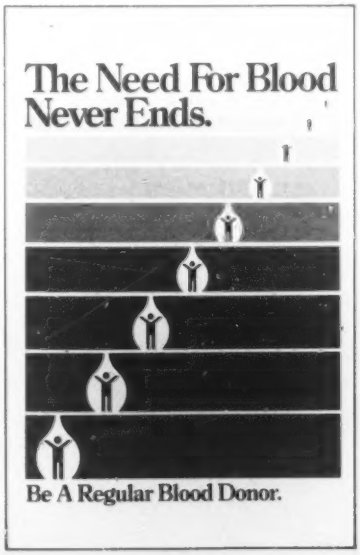
National Autologous Blood Resource Center

During 1988, the National Autologous Blood Resource Center (NABRC) maintained a high level of activity. The major effort was the development and presentation of the national conference, "Autologous Blood Transfusion" held in May. Throughout the year, over 500 telephone inquiries from health-care professionals, reporters, equipment manufacturers, etc, were answered. Approximately 600 information packets for health-care professionals (containing an annotated bibliography, protocols and sample forms) were mailed. Also made available were information packets developed by the AABB Autologous Transfusion Committee for the general public (containing a fact sheet, brochures, etc). During 1988, the NABRC received $27,000 in funding from corporate sponsors, which made these educational activities possible.

Rare Donor File

During 1988, the Rare Donor File received a total of 121 calls requesting blood for immunized patients. These calls, plus many others made directly between participating members, resulted in 651 units of rare and fully phenotyped blood being supplied. The year-end inventory showed that member institutions had over 2000 rare donors registered on their files and that more than 1700 units of blood from those donors available in the frozen state. In addition, some 13,000 fully phenotyped donors are known; their blood can be provided for patients who form multiple antibodies.

The RARE Exchange Program, organized by the Reference Laboratories Committee had an inventory of 172 rare sera and 51 rare red cell samples that were available upon request to those centers wishing to screen for additional rare donors.



Viral Markers Surveys

The AABB/CAP Viral Markers Surveys continue to do well. In 1988, there were 1,433 participants in the surveys, which included the Viral Markers Survey (W), the Donor Module Survey (W-1) and the Diagnostic Module Survey (W-2).

Group Purchasing

The AABB Group Purchasing Program continues to grow. In 1988, twenty-nine new contracts were awarded. There were over 200 institutions participating. The Administrative Section Coordinating Committee is responsible for the monitoring and negotiating of contracts.

Donor Recruitment

The AABB sponsored several programs related to the encouragement of blood donors. National Volunteer Blood Donor Month was celebrated in January, 1988, with the theme "The Need for Blood Never Ends" on posters. Ten-gallon donor plaques were awarded to almost 600 donors across the U.S. who have donated 10 or more gallons and were nominated by their blood collection establishment. The National Honor Roll recognized 142 donor groups for outstanding participation in 1988 blood drives, as nominated by their blood collectors. The Audio-visual Survey, a collection of audio-visual materials produced by companies across the country, was compiled as an educational aid for donor recruiters and other educators.

1987–1988 Board of Directors

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Scientific Section
Representative

Page D. Sanchez, MHS, MT(ASCP)SBB
Administrative Section
Representative

Data Report

The data shown on the following pages were summarized from the 1988 AABB Institutional Membership questionnaire, reflecting membership activity during 1987. The questionnaire was returned by 1,954 of the 2,453 Institutional Members.

The following categories are used:

Type A—Blood center collecting donors and distributing blood and components to other facilities

Type B—Hospital blood bank which draws more than 100 donors per year.

Type C—Hospital transfusion service which draws fewer than 100 donors per year.

Donation Data

Total Number of Reported Units Drawn

1987 6,562,000 (560 facilities)
1986 6,996,130 (581 facilities)

Percent of change −6.6%

Total Number of Donations (Drawn and Deferred)

1987 7,346,310
Percent deferred 11.2%

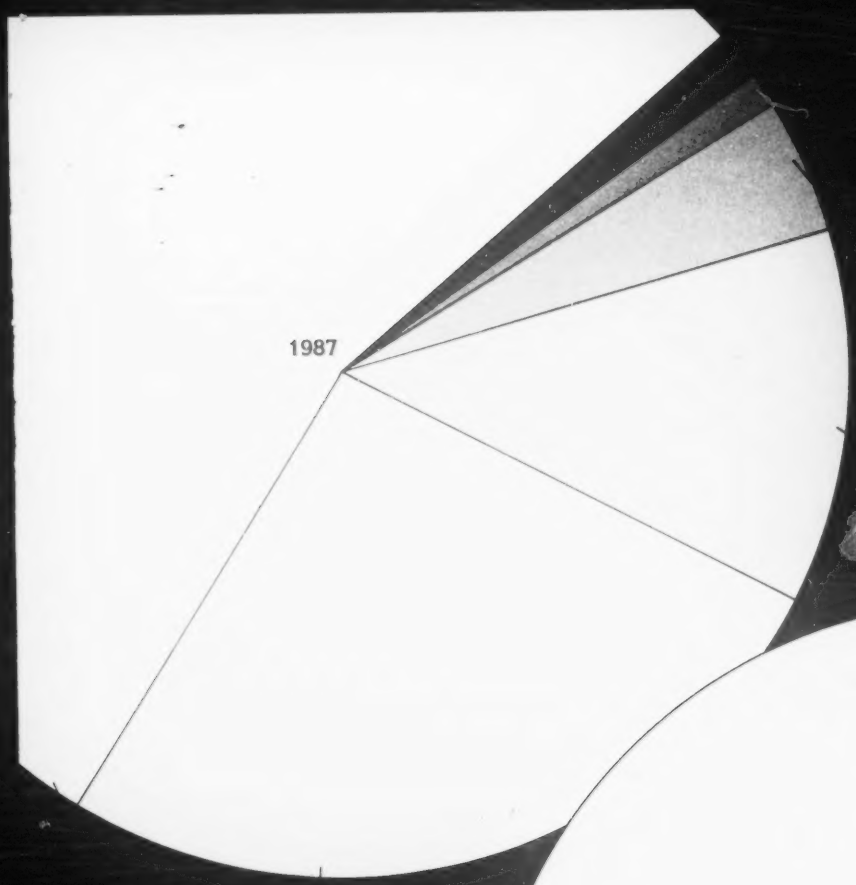
1986 7,724,682
Percent deferred 9.4%

Number of Units and Donations Drawn or Deferred and Facility Percentages

Type A Facilities (Regional Blood Centers)	1986	1987
Number of Facilities Reporting	111	108
Number of Units Drawn	6,043,610	5,584,220
Percent of Total Units Drawn	86.4%	85.0%
Units Not Used, As Percent of Total Drawn	1.6%	2.5%
Number of Donations Deferred	602,970	653,819
Total Units Drawn & Donations Deferred	6,646,580	6,238,039
Donations Deferred, As Percent of Total Drawn and Deferred	9.1%	10.5%

Type B Facilities (Hospital Blood Banks)	1986	1987
Number of Facilities Reporting	379	374
Number of Units Drawn	947,861	970,937
Percent of Total Units Drawn	13.5%	15.0%
Units Not Used, As Percent of Total Drawn	3.1%	3.2%
Number of Donations Deferred	124,346	126,350
Total Units Drawn & Donations Deferred	1,072,207	1,097,287
Donations Deferred, As Percent of Total Drawn and Deferred	11.6%	11.5%

Type C Facilities (Transfusion Services)	1986	1987
Number of Facilities Reporting	91	76
Number of Units Drawn	4,658	6,281
Percent of Total Units Drawn	0.1%	0.1%
Units Not Used, As Percent of Total Drawn	8.2%	14.9%
Number of Donations Deferred	1,237	3,634
Total Units Drawn & Donations Deferred	5,895	9,915
Donations Deferred, As Percent of Total Drawn and Deferred	21.1%	36.7%



Granulocytes
1987 0.06%
1986 0.07%

Single Donor Plasma
1987 1.57%
1986 0.86%

Platelet (Pheresis)
1987 1.57%
1986 0.86%

Cryoprecipitate
1987 4.68%
1986 4.53%

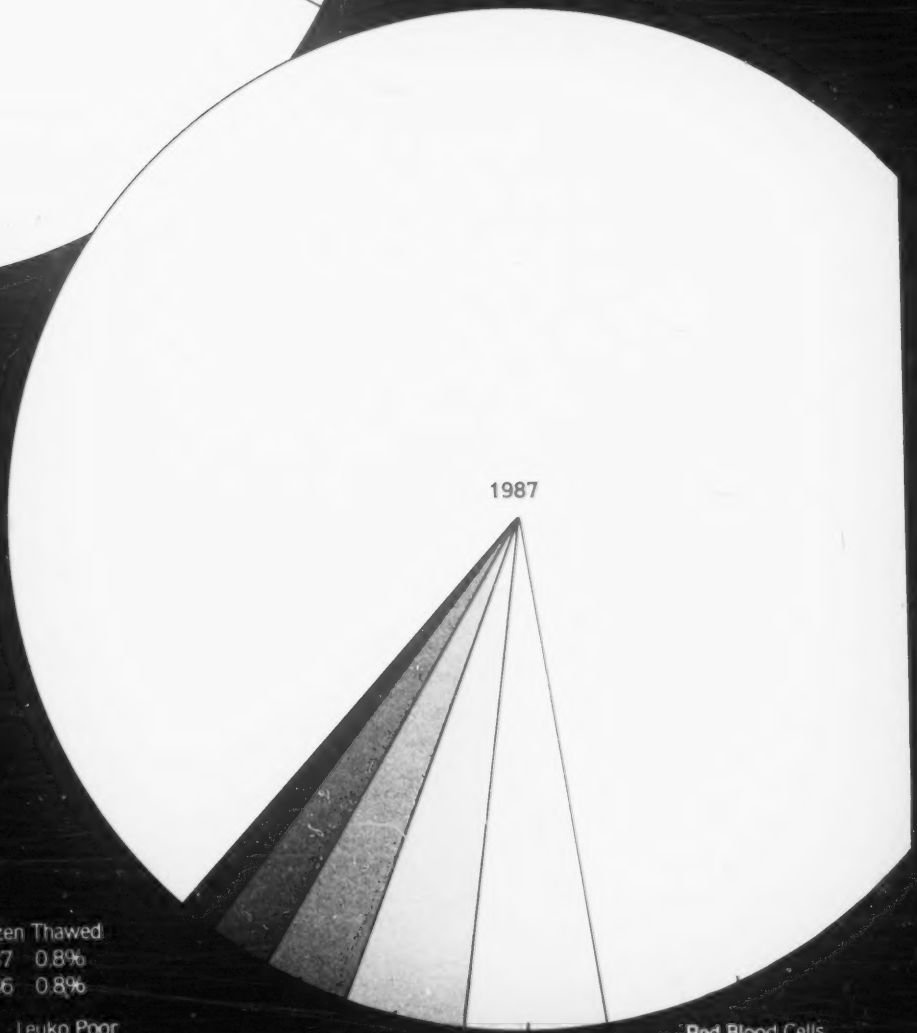
Fresh Frozen Plasma
1987 11.62%
1986 10.65%

Red Blood Cells
1987 54.50%
1986 57.92%

Platelets
1987 27.26%
1986 25.11%

Total Transfusions, All Components:
1987 12,682,884
1986 14,081,484

Total Red Cell Components Transfused:
1987 8,051,996
1986 8,155,547



Frozen Thawed
1987 0.8%
1986 0.8%

Leuko Poor
1987 2.1%
1986 1.4%

Pediatric
1987 2.6%
1986 2.7%

Washed
1987 4.3%
1986 4.9%

Whole Blood
1987 4.4%
1986 4.4%

Red Blood Cells
1987 85.9%
1986 85.8%

Transfusion Data

Total Units Transfused

1987	13,820,000	(1,954 facilities reporting)
1986	14,081,484	(2,013 facilities reporting)

Percent of Change – 1.89%

Total Number of Facilities Reporting

	Type A	Type B	Type C	Total
1987	104	393	1,449	1,946
1986	106	389	1,518	2,013

Transfusion By Facility Type

	Type A		Type B		Type C	
	% of Total Units Transfused	Total # of Facilities Reporting	% of Total Units Transfused	Total # of Facilities Reporting	% of Total Units Transfused	Total# Facilities Reporting
1987	5.7	104	22.1	393	72.1	1,449
1986	5.6	106	20.9	389	70.9	1,518

Procedures Performed in 1987

	A	B	C	1987 Total	1986 Total	% Change from 1986
Autologous Units	131,051	108,871	42,934	282,856	124,454	56.00%
Autologous Patients	42,439	39,411	23,666	105,516	48,314	54.21%
Intraoperative Salvage Patients	3,512	14,668	18,469	36,649	28,557	22.08%
Directed Units	97,455	78,185	2,446	178,086	72,884	59.07%
Therapeutic Phlebotomy	10,869	23,122	19,824	53,815	52,659	2.15%
Plasmapheresis	15,876	1,778	474	18,128	11,959	34.03%
Plateletpheresis	48,638	49,587	2,405	100,630	80,947	19.56%
Leukapheresis	2,101	3,297	298	5,696	5,233	8.13%
Therapeutic Apheresis	6,957	18,573	6,037	31,567	35,470	– 12.36%

Total Crossmatches, Crossmatch to Transfusion Ratio and Percentage of Total Crossmatches by Facility Type

	Total Crossmatches	Crossmatch to Transfusion Ratio	Percent of Crossmatches by Facility
1987	15,539,400	1.9	A = 3.3% B = 31.1% C = 65.2%
1986	15,786,600	1.8	A = 3.5% B = 33.0% C = 63.8%

Estimated Outdated and Discarded Red Blood Cell Containing Component Units

	1987	1986
Total Units Transfused	8,065,576	8,155,547
Units Outdated	1,012,313	443,435
Total Units Available	9,077,889	8,598,982
% outdated	11.15%	5.16%

1987–1988 Committee Members

AD HOC COMMITTEES OF THE BOARD

Personnel Committee

Purpose: To provide advice and counsel to the President, Board of Directors and Executive Director concerning AABB personnel matters.
Stephen J. Brown, MT(ASCP)SBB, chairman
Donald D. Doddridge
Page D. Sanchez, MHS, MT(ASCP)SBB
Arthur J. Silvergleid, MD

Ad Hoc Committee to Review National Office Computerization

Purpose: To work with the Executive Director in assessing the computer needs in the National Office.
Donald D. Doddridge, chairman
Bobby A. Grigsby, CPA
Louise J. Keating, MD

ADMINISTRATIVE COUNCIL

Blood Bank Workload Recording Committee

Purpose: To develop and maintain a current, comprehensive library of workload recording values for blood banks and transfusion services and to define a workload recording system that will be compatible with the College of American Pathologists' system.
Harold S. Kaplan, MD, chairman
Col. Gary B. Clark, MD, USA
William E. Kline, MS, MT(ASCP)SBB
Mark S. Lifshitz, MD
Dennis Raettig, MT(ASCP)SBB
Sally G. Swenson, SBB(ASCP)
David S. Wilkinson, MD, PhD
Liaisons:
James P. AuBuchon, MD
American Red Cross
Robert S. Cox, Jr., MD, PhD
College of American Pathologists

Inspection and Accreditation

Purpose: To implement the Association's Inspection and Accreditation Program throughout the world.
Randi V. Rosvoll, MD, chairman
Leonard I. Boral, MD
Sam J. Insalaco, MD
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Mabel M. Stevenson, MD
Harry L. Taylor, MD
Edward Tueller, MD
Margaret Waid, MD
Consultant: Margaret E. Wallace, MT(ASCP)SBB
Liaisons:
Gerald Baker, CDR, USN
Department of Defense
Stanley Edinger, PhD
Health Care Financing Administration
Kenneth J. Fawcett, MD
Histocompatibility Testing Committee
Paul V. Holland, MD
Standards Committee
P. Ann Hoppe
Office of Biologics Research (FDA)
Hans J. Peters, MD
College of American Pathologists
Richard H. Walker, MD
Technical Manual Committee

National Blood Resource Committee

Purpose: On behalf of the Association, make policy for the National Blood Exchange and provide assistance to the National Office to ensure effective and responsible service to National Blood Exchange participants.
William E. Bristow, MT(ASCP), chairman
Michael C. Couch
Harvey P. Einhorn, MD
Jane Mackey
Dale R. Malloy, DPA, MT(ASCP)SBB
Klaus Mayer, MD
Sharon C. Perkins
Joseph G. Ridley
Roger Svoboda, MBA, MS, MT(ASCP)SBB
Catherine Lewis Wells, BS
Ronald G. Wilkins
Liaison: Hayle B. Randolph, MT(ASCP)
Council of Community Blood Centers

Nursing and Donor Room Personnel Committee

Purpose: To foster the involvement of nursing and donor room personnel in the AABB and to provide expertise concerning the responsibilities of nursing and donor room personnel in allied sciences that pertain to blood banking.
Danna Sorenson, RN, chairman
Robert W. Braun, MT(ASCP)SBB
Mustafaa H. Carroll
Dallas A. Forshew, RN
Joan P. Jensen, RN
Christina A. Kasprisin, MS, RN
Janet Pavel, RN
Mary Rzasa, RN
David E. Sharp, MD, PhD

Rare Donor File Committee

Purpose: To maintain a file of donors with rare blood.
Judy A. Tessel, MT(ASCP)SBB, chairman
Richard J. Davey, MD
Jacquelyn Fredrick, MT(ASCP)SBB
Delores M. Mallory, MT(ASCP)SBB
Ann Rea, MT(ASCP)SBB
Ex-Officio Member: John Moulds, MT(ASCP)SBB
Consultant: Kathleen J. Skradski, MT(ASCP)SBB

Reference Laboratories Committee

Purpose: To develop and maintain criteria for accrediting laboratories to which blood banking problems can be referred for consultation.
John Moulds, MT(ASCP)SBB, chairman
Virginia W. Hare, MT(ASCP)SBB
Linda Issitt, MT(ASCP)SBB
Delores M. Mallory, MT(ASCP)SBB
Janice McFarland, MD
Judy R. Norcia, MT(ASCP)SBB
Sherry Perry, MT(ASCP)SBB
Deborah L. Weiland, MS, MT(ASCP)SBB
Ex-Officio Member: Judy A. Tessel, MT(ASCP)SBB

Standards Committee

Purpose: To develop and biannually publish minimal standards for relevant aspects of blood bank practices.
Paul V. Holland, MD, chairman
Carol A. Bell, MD
Leonard I. Boral, MD
John Case, FIMLS
George Garratty, PhD, FIMLS, MRCPath
Dennis Goldfinger, MD
Harold S. Kaplan, MD
Klaus Mayer, MD
John D. Milam, MD
Margie B. Peschel, MD
Susan Steane, MS, MT(ASCP)SBB
Richard H. Walker, MD
Charles H. Wallas, MD
Frances K. Widmann, MD
Linda C. Winn, MA, MT(ASCP)SBB
Liaisons:
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Histocompatibility Testing Committee
P. Ann Hoppe
Office of Biologics Research (FDA)
Hans J. Peters, MD
College of American Pathologists
Anthony J. Polk, LTC, MS, USA
Department of Defense
Randi V. Rosvoll, MD
Inspection and Accreditation Committee
S. Gerald Sandler, MD
American Red Cross
Richard H. Walker, MD
Technical Manual Committee

Technical Manual Committee

Purpose: To prepare a *Technical Manual* that will provide practical guidance concerning methods and techniques that implement the *Standards*.
Richard H. Walker, MD, chairman
John W. Judd, FIMLS, FIBiol
Paul Ness, MD
Herbert F. Polesky, MD
Susan D. Rolih, MS, MT(ASCP)SBB
Edward L. Snyder, MD
Virginia Vengelen-Tyler, MT(ASCP)SBB
Liaisons:
P. Ann Hoppe
Office of Biologics Research (FDA)
Michael J. Ward, MAJ, USAF, BSC
Department of Defense

Ad Hoc Committee to Review Circular of Information

Purpose: To review the *Circular of Information* and make changes when appropriate. This activity is coordinated with the ARC, CCBC and FDA.
Paul V. Holland, MD, chairman
Robert E. Klein, MD
Paul D. Mintz, MD
Edward L. Snyder, MD

EDUCATIONAL COUNCIL

Accreditation of SBB Schools Committee

Purpose: To serve as a joint review board in collaboration with CAHEA for the accreditation of educational programs for Specialists in Blood Bank Technology.
Joberta Wells, MT(ASCP)SBB, chairman
Theresa D. Anderson, MT(ASCP)SBB
Andrea J. Casper, MT(ASCP)SBB
Marcus B. Simpson, Jr., MD
Hannis W. Thompson, MD
Pamela J. Troyer, MSA, MT(ASCP)SBB
Laura Lee Woods, MS, MT(ASCP)SBB

Annual Meeting Seminar Committee

Purpose: To plan and organize the Annual Meeting Seminar.
S. Breanndan Moore, MD, chairman
Sandra J. Nance, MS, MT(ASCP)SBB
Barbara McKeever Peoples, BA, MS, MT(ASCP)SBB
Mark A. Popovsky, MD
Marjory Stroup Walters, MT(ASCP)SBB
Liaison: Gail A. Rock, PhD, MD
Scientific Programs Committee

Certification Committee (SBB/BB)

Purpose: To serve as an AABB/BoR Committee for Board of Registry examinations in blood banking. To serve as an advisory group to the Board of Directors of the AABB on all matters pertaining to certification of blood bank technologists.
Susan Wilkinson, MS, MT(ASCP)SBB, chairman
Joan Barker, MT(ASCP)SBB
Peggy J. Brown, PhD, MT(ASCP)SBB
William J. Hunter, MD
David E. Jenkins, Jr., MD
Susan F. South, MT(ASCP)SBB
Virginia Vengelen-Tyler, MBA, MT(ASCP)SBB
Board of Registry Appointee: Stephanie Summers, MEd, MT(ASCP)SBB
Board of Registry Representative: Fay Weirich, MT(ASCP)SBB

Exhibits Committee

Purpose: To provide, through exhibits at the Annual Meeting, information on tests, materials and devices designed to serve the needs of donors and patients; to offer a forum in which commercial organizations can present available items; to provide a forum for educational exhibits; and to ensure that exhibitors conform to the policies of the Health Care Exhibitors Association.
Kathleen O. Chadwick, MT(ASCP)SBB, chairman
Frances S. Chizeck
James N. Cooper
Bruce Haguewood
George L. Leonard, MD

Regional Education Committee

Purpose: To develop content for, and implement, comprehensive continuing education programs that can be presented on a regional basis.
Melanie S. Kennedy, MD, chairman
James P. AuBuchon, MD
Suzanne H. Butch, MT(ASCP)SBB
Estre Culotta, MHS, MT(ASCP)SBB
Trudell S. Green, MT(ASCP)SBB
K.R. Gregory, MT(ASCP)SBB
J.A. Holmberg, PhD, MT(ASCP)SBB
Janet Kay Wilson, MT(ASCP)SBB
Consultants:
Myra L. Collins, MD, PhD
Nancy A. Murphy, MT(ASCP)SBB

Scientific Programs Committee

Purpose: To plan meaningful scientific communications and lectures for the Annual Meeting.
Gail A. Rock, MD, PhD, chairman
Kenneth C. Anderson, MD
Emanuel Hackel, PhD
Jay E. Menitove, MD
Marilyn K. Moulds, MT(ASCP)SBB
Ronald Strauss, MD
Joel Umlas, MD
Liaisons:
S. Breanndan Moore, MD
Annual Meeting Seminar Committee
Herbert F. Polesky, MD
Selection of Abstracts Committee

Selection of Abstracts Committee

Purpose: To conduct the process of evaluation and selection of technical/scientific abstracts for presentation at the Annual Meeting.
Herbert F. Polesky, MD, chairman
Lawrence D. Petz, MD
Fred V. Plapp, MD, PhD
Simone Silberman, MD
Gary E. Tegtmeier, PhD
Mary Ann Tourault, MT(ASCP)SBB
Liaison: Gail A. Rock, PhD
Scientific Programs Committee

Self Testing and Review Committee

Purpose: To implement proficiency survey programs for blood banking professionals.
Margaret Hanson, MT(ASCP)SBB, chairman
Christine Barrasso, MT(ASCP)SBB
Donald Bennett, MT(ASCP)SBB
Joseph D. Mann, MD
Laverne McMahon, MEd, MT(ASCP)SBB
Carol J. Schmoll, MT(ASCP)SBB
Joycelyn Schowalter, MEd, MT(ASCP)SBB

Technical/Scientific Workshops Committee

Purpose: To provide overall planning and coordination of the Association's technical workshops.
Dennis M. Smith, Jr., MD, chairman
Michael L. Baldwin, MBA, MT(ASCP)SBB
Alice Reynolds Barr, SBB(ASCP)
Katherine B. Carlson, MT(ASCP)SBB
Morris R. Dixon, MM, MT(ASCP)SBB
Ronnie J. Garner, MD
Frances L. Gibbs, MS, MT(ASCP)SBB
Avrum H. Golub, MD
Sam J. Insalaco, MD
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Sanford R. Kurtz, MD
Judith S. Levitt, MT(ASCP)SBB
Leo J. McCarthy, MD
JoAnn M. Moulds, MS, MT(ASCP)SBB
Ronald A. Sacher, MD
Stephanie Summers, MEd, MT(ASCP)SBB
Phyllis Unger, MT(ASCP)SBB
Margaret E. Wallace, MHS, MT(ASCP)SBB
Robert G. Westphal, MD

Ad Hoc Academic Medicine Education Committee

Purpose: Consider the relationship between the Transfusion Medicine Academic Awardees Program and the AABB's educational activities.
Toby L. Simon, MD, chairman
Colin R. Macpherson, MD
Edward L. Snyder, MD
Robert G. Westphal, MD

Ad Hoc Annual Meeting Advisory Committee

Purpose: To serve as an advisory forum to the Director of Meeting Services on the coordination of various programs presented at the Annual Meeting.
Edwin A. Steane, PhD, chairman
Kathleen O. Chadwick, MT(ASCP)SBB
S. Breanndan Moore, MD
Herbert F. Polesky, MD
Gail A. Rock, MD, PhD
Dennis M. Smith, Jr., MD
Roger K. Svoboda, MBA, MS, MT(ASCP)SBB
Barbara Zimmerman, MT(ASCP)SBB

Ad Hoc Committee on Educational Goals

Purpose: Prepare a three-year plan of educational activities based on assessment of the membership education needs.
Robert G. Westphal, MD, chairman
Richard S. Eisenstaedt, MD
Christina A. Kasprisin, MS, RN
Louise J. Keating, MD
Dale R. Malloy, DPA, MT(ASCP)SBB
John Moulds, MT(ASCP)SBB

Ad Hoc Committee to Plan and Coordinate 1990 Annual Meeting

Eugene M. Berkman, MD, chairman
Kathleen O. Chadwick, MT(ASCP)SBB
S. Breanndan Moore, MD
Herbert F. Polesky, MD
Gail A. Rock, MD, PhD
Judi A. Sherwin, MT(ASCP)SBB
Dennis M. Smith, Jr., MD
Barbara Zimmerman, MT(ASCP)SBB

ORGANIZATIONAL COUNCIL

Association Questionnaires Committee

Purpose: To ensure that an appropriate annual questionnaire is submitted to and completed by institutional members of the Association, and that questionnaire information deemed appropriated by the Board is made available to the membership. To ensure that any additional questionnaires submitted to the membership are appropriate.
Patricia Devine, MD, chairman
Joseph R. Bove, MD
Margaret Hanson, MT(ASCP)SBB
Eugene E. Roberts, MT(ASCP)SBB
Candace K. Williams, MT(ASCP)SBB
Consultant: Herbert F. Polesky, MD

Awards Committee

Purpose: To make recommendations to the AABB Board regarding certain named awards.
The members of this committee are anonymous.

Bylaws Committee

Purpose: To examine proposed Bylaws changes to ensure that they conform to the current needs and direction of the Association.
Richard S. Kolecki, MD, chairman
Robert E. Albee, II
E. Shannon Cooper, MD, JD
E. Arthur Dreskin, MD

Ethics Committee

Purpose: To offer peer review concerning issues related to the ethics of blood banking practice.
Herbert Silver, MD
Ronald E. Domen, MD
Kenneth N. Edwards
Ernesto M. Obregon, MA, MT(ASCP)SBB
Louise Esplin Swenson

Finance Committee

Purpose: To advise the Board concerning AABB fiscal policies and status.
Michael C. Couch, chairman
William M. Coenen
Bobby A. Grigsby, CPA
Glenn S. Hooper, MD
Jane Mackey
Ex-Officio Member: Donald D. Doddridge, Treasurer
Consultant: James E. Way

International Relations Committee

Purpose: To foster the AABB's relationships with foreign blood banking associations and to encourage friendships between individual American and foreign members.
Chantal R. Harrison, MD, chairman
Tibor J. Greenwalt, MD
Angelyn A. Konugres, PhD
German F. Leparc, MD
Mahendra Rupani, MD
Roanne C. Rutman, RN(CNAA), MA
Cee Th., Smit-Sibinga, MD, PhD
Consultants: Michael H. K. Irwin, MD
United Nations
Mario Gonzalez-Pacheco
Pan American Health Organization

Membership Committee

Purpose: To advise the Board regarding membership recruitment and applications.
Edward O. Carr, MT(ASCP)SBB, chairman
Daniel B. Brubaker, DO
Raegene King, RN
Mary A. Myers, MT(ASCP)SBB
Judi A. Sherwin, MT(ASCP)SBB
Sandra Smietana, MT(ASCP)SBB

Publications Committee

Purpose: To determine the need and suitability of proposed publications and also serve to smooth the publication of approved manuscripts.
Steven R. Pierce, SBB(ASCP), chairman
Frances S. Chizeck
Harold A. Oberman, MD
Marilyn J. Telen, MD
Joel Umlas, MD
Consultant: Stephanie Summers, MEd, MT(ASCP)SBB

Ad Hoc Building Committee

Purpose: To assist staff with tasks and activities associated with the assessment of future space requirements for the National Office and the most appropriate solution to those requirements.
Bobby A. Grigsby, CPA, chairman
Donald D. Doddridge
Joan A. Maher, MT(ASCP)SBB
Robert Travis, MT(ASCP)SBB

Ad Hoc Committee on Elections

Purpose: To ensure that elections at the Annual Business Meeting are conducted in accordance with Association policies.
Edwin F. Smith, chairman
Donald T. Dougherty
Naomi L. C. Luban, MD
Paul Ness, MD
Jack Smythe
Walter T. Watts, MT(ASCP)

Ad Hoc Computer Committee

Purpose: Address the proper procedures and methods needed for blood banks' and transfusion services' use of computerized records, particularly with respect to FDA regulations and AABB *Standards*.
Susan M. Steane, MS, MT(ASCP)SBB, chairman
Raymond D. Aller, MD
Elaine C. Gordon, MT(ASCP)SBB
Carma Rippee, MT(ASCP)SBB
Louise E. Smith, MT(ASCP)SBB
Ruth A. Zatik, MT(ASCP)

Ad Hoc Insurance Committee

Purpose: To monitor current professional liability insurance coverage for institutions and work toward establishing a risk retention group for the AABB.
Jane Mackey, chairman
Stephen J. Brown, MT(ASCP)SBB
J. Daniel Connor
Dale R. Malloy, DPA, MT(ASCP)SBB
William H. Portman
Ronald G. Wilkins

The American Association of Blood Banks Foundation

Helping Meet the Future Challenges of Transfusion Medicine . . .

The American Association of Blood Banks Foundation was established in 1983 continuing the Association's commitment to the advancement of transfusion medicine.

The primary purpose of the Foundation is the direct support of research activities, both scientific and administrative, within the discipline of blood banking and transfusion medicine. The Foundation pursued its goals with increasing success in 1988.

The Foundation was created as an endowment fund to support a research grants program. The nucleus of the endowment was provided by the Association. AABB initially allocated $500,000 to create the Foundation in 1983 and contributed an additional $100,000 in 1986 to support a major fundraising drive.

The Foundation is managed by an eleven member Board of Trustees. Trustees are nominated by the President of AABB and are approved by the Association's Board of Directors. However, the Foundation operates independently and maintains a separate financial identity from that of the Association.

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Foundation Grants Program

Demonstration of Commitment . . . Acknowledgment of Excellence

The Foundation awards grants for individual investigator-initiated original research in blood banking and transfusion medicine. Since its inception in 1987, the Grants Program has awarded in excess of $171,000 to fourteen investigators. These grants have supported research in all areas of blood banking, theoretical and applied. A majority of this effort is designed to improve the safety of our national blood supply and contribute to a better quality of life for patients requiring treatment with blood products.

As awareness of the Foundation's grants program has grown, so has the quantity and quality of applications received from researchers. "It is encouraging to note the significant increase in the quality of grant applications submitted for the last competition," noted Dr. Harvey Klein the Foundation's Chairman."

Thanks to the generosity of corporate and individual donors, the Board of Trustees of the Foundation were able to announce, in May of 1988, the awarding of four one-year grants with a combined value of approximately $100,000. This was a significant increase in the annual amount of funding available for grants as compared to prior years. Additional corporate support enabled the Foundation to begin to make significant contributions to research in the field.

Grants Awarded in 1988

A total of 18 excellent grant applications were received, posing a difficult but rewarding task for the Grant Review Committee. Grants awarded for 1988 included:

Timothy Carlson, PhD, University of New Mexico, Department of Pathology

"Preparation and Properties of an Improved Antithrombin III Concentrate." $29,841

Harry Prince, PhD, American Red Cross Services in Los Angeles, Division of Cellular Immunology

"Lymphocyte Activation by Oxidized Erythrocytes: Characterization of the Responding Cells and the Cellular Interactions Required." $29,425

Jo Ann Edwards-Moulds, MS, MT(ASCP)SBB, University of Texas Health Science Center of Houston, Department of Internal Medicine

"Quantitation of C4A (Rodgers) and C4B (Chido) in order to study their Role in Complement Mediated Pathology." $24,000

Thomas Kickler, MD, Johns Hopkins Hospital, Department of Laboratory Medicine, Immunohematology Division

"The Role of Platelet-Specific Antigens in Causing Transfusion Refractoriness in Thrombocytopenic Patients." $14,100

1988 Grants Review Committee

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Harvey Klein, MD
Thomas Lane, MD
Serafeim Masouredis, MD, PhD
Jay E. Menitove, MD
Toby Simon, MD
Sherrill Slichter, MD
C. Robert Valeri, MD

Corporate Support

Corporate Donors Are the Building Blocks of a Foundation That Is Studying the Building Blocks of Life . . .

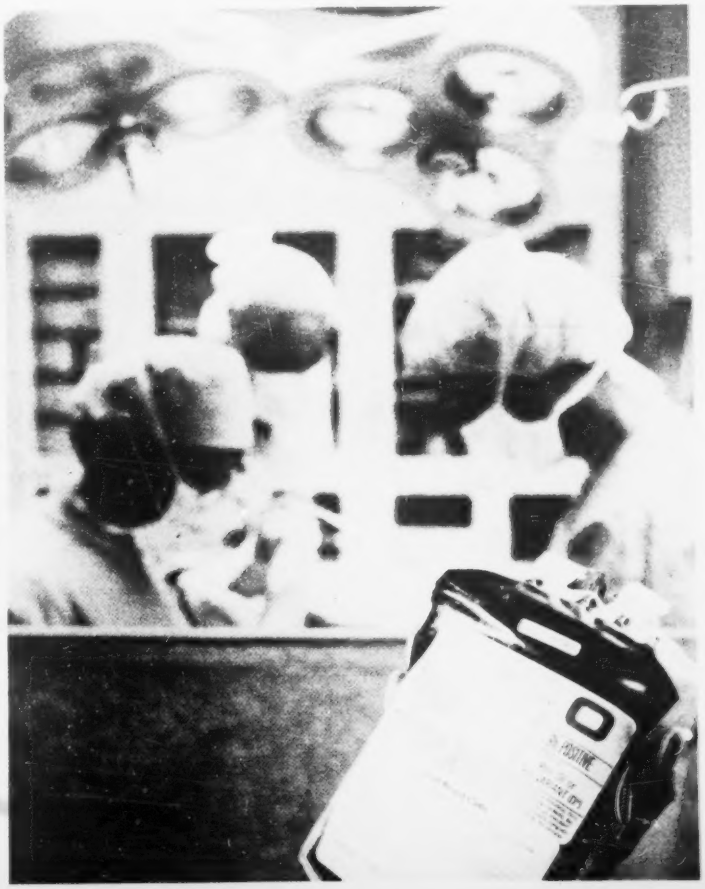
Although the American Association of Blood Banks made the Foundation a reality, continued growth is only possible through the support of corporate, institutional and individual donors. In the past year, the Foundation has expanded its efforts of identifying potential donors and increasing annual contributions in support of its work.

There are two ongoing campaigns at the core of the Foundation's fundraising efforts, the Council on Research and Development (CORD) and the Corporate Associates Program.

Council on Research and Development

A majority of each year's donations are credited to CORD. Membership in the Council requires a significant commitment over at least a two year period. CORD membership is, however, quite valuable to both the foundation and corporate participants.

The Council meets at least twice a year to review activities and research in the blood banking industry and advise the Foundation's Board of Trustees on the use of funds. The Council is also invited to send an ex-officio representative to Trustee meetings. Also Council members are offered the opportunity, subject to an applicant's approval, to review grant applications not funded by the Foundation. A member of the CORD may choose to fund investigators should a specific research project be perceived as useful to a company's research and development efforts.



Founding Members of the Council on Research and Development

ABBOTT LABORATORIES
BAXTER HEALTHCARE CORPORATION
CUTTER BIOLOGICAL
E. I. DU PONT DE NEMOURS AND COMPANY INCORPORATED
HAEMONETICS CORPORATION
ORTHO DIAGNOSTIC SYSTEMS INCORPORATED

The organizational meeting of the CORD was held in June 1987 in Arlington, Virginia. Each member of CORD expressed an interest in a "hands-on" relationship with the Foundation and an interest in programs such as industry internships, scholarships, and increased assistance for minorities entering the field. The Council also felt an overwhelming responsibility to assist in the education of the American public regarding the safety of the blood supply and in promoting a better understanding of the blood banking industry.

"We are fortunate that CORD members share the Foundation's dedication to enhancing the safety of the nation's blood supply through research," said Dr. Klein. "Their financial support will allow the Foundation to pursue its goals even more vigorously."

Corporate Associates Program

A new, but increasingly important pillar of the Foundation is the Corporate Associates Program. The Corporate Associates Program is a "giving club." Corporate entities are offered membership to different levels of the "club" dependent upon their total annual contributions.

These levels of giving are identified as: Alpha Associates, Beta Associates, Omega Associates and Corporate Associates. Additions to the Beta Associates in the 1988 report period included:

Terumo Corporation

Additions to the Corporate Associates in the 1988 report period included:

Intermec Corporation
Deknatel
COBE Laboratories

An additional first-time corporate contributor included:

Hutton Medical Corporation

Institutional Donors

We are also grateful for the support of our institutional members who recognize the importance of research in the maintenance of an adequate and safe blood supply for the patients of our country.

American Red Cross, Atlanta
American Red Cross Blood Services, Toledo
Baptist Memorial Hospital, Memphis
Blood Bank of Delaware
Blood Center of Wisconsin
Blood Systems (United Blood Services)
Carolina-Georgia Blood Center
Central Florida Blood Center
Central Kentucky Blood Center
Citrus Regional Blood Center
Community Blood Center, Dayton
Gulf Coast Regional Blood Center
Holmes Regional Medical Center
Hunter Blood Center
Johns Hopkins Hospital Blood Center
Lane Memorial Blood Bank
Leon County Blood Bank
Louisiana Blood Center
Lower West Coast Blood Bank
Marion County Blood Bank
Michigan Community Blood Center
Miller Memorial Blood Center
New England Medical Center Hospital
Northern California Community Blood Bank
Northwest Florida Blood Center
Ochsner Foundation
Peninsula Memorial Blood Center
Sacramento Blood Center
Southwest Florida Blood Bank
Stewart Blood Center
Topeka Blood Bank
University Hospital of Cleveland
University of Virginia Hospital
Veterans Medical Center, San Diego
William Beaumont Hospital
Yale-New Haven Hospital

Membership Donations

Members of the AABB Board of Directors, as well as members of the Foundation Board of Trustees, make personal contributions to the Foundation. These donations are solicited by volunteers, without whose efforts the Foundation's recent growth would not have been possible.

1988 Corporate Associates Subcommittee

John Kemp, CAE, Chairman
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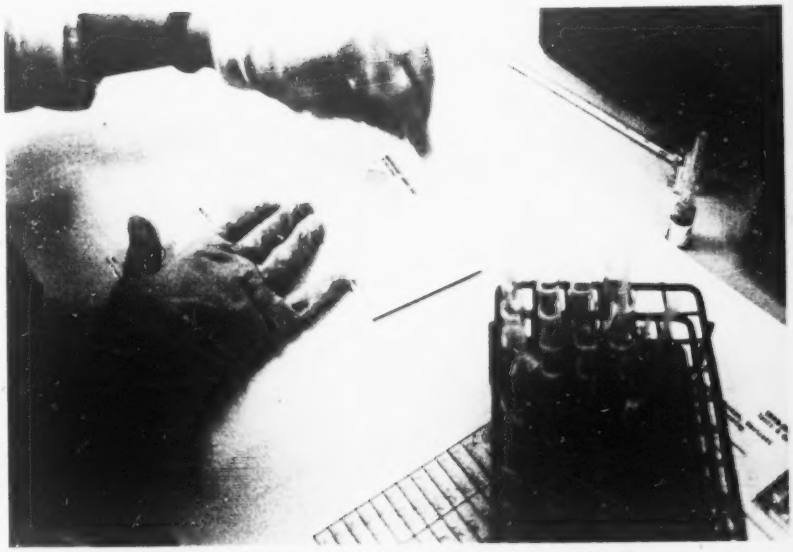
J. Daniel Connor
Michael C. Couch
Donald D. Doddridge
John Flynn
Col. R. James Glikes (Ret.)
Kathleen Hampden, MT(ASCP)
Angelyn A. Konugres, PhD
Jane Mackey
Jacqueline D. Miller, MD
Jay Olmstead
Herbert F. Polesky, MD
Hayle B. Randolph, MT(ASCP)
Page Sanchez, MHS, MT(ASCP)SBB
Jack Smythe
Edwin A. Steane, PhD
Bill T. Teague, MT(ASCP)SBB

Special Projects

The Foundation is also pleased to report an update to a program of "special projects" begun last year. *E.I. DuPont de Nemours and Company* sponsored the second annual "DuPont Evening" at the AABB's Annual Meeting in Kansas City. The 1988 event featured the Nitty Gritty Dirt Band. Revenues from ticket sales were donated to the Foundation.

Also repeated at Kansas City was the Corporate Associates Reception sponsored by Terumo Corporation. At the Corporate Associates Reception, corporate representatives had the opportunity to meet with the Board of Trustees in a social setting to discuss the Foundation and its projects. The Foundation is constantly pursuing additional projects to increase its ability to support further research.

A heart-felt thank you is extended from the Foundation Board of Trustees and grant recipients to all our donors and volunteers for their dedication to research in the advancement of transfusion medicine. Our donors and volunteers have made a significant difference in the past year.



SCIENTIFIC COUNCIL

Autologous Transfusion Committee

Purpose: To provide expertise concerning preoperative and intraoperative autologous transfusion practices. To recommend appropriate performance standards, and to provide education concerning their uses.
Robert L. Thurer, MD, chairman
Lani Gerber, RN
Steven H. Kleinman, MD
Mark A. Popovsky, MD
David G. Schoenleber, MT(ASCP)SBB, RN
Linda C. Stehling, MD
David H. Yawn, MD
Roslyn Yomtovian, MD

Component Therapy Committee

Purpose: To promote the appropriate transfusion of blood components and to provide education concerning their preparation, use and effectiveness.
Patricia T. Pisciotto, MD, chairman
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Elizabeth W. McVan, RN
Gary Moroff, PhD
Francis S. Morrison, MD
Stanley C. Roberts, SBB(ASCP)
Linda C. Stehling, MD

Hemapheresis Committee

Purpose: To serve as a source of expertise for AABB programs that relate to cytapheresis, plasmapheresis and therapeutic apheresis.
Duke O. Kasprisin, MD
Freydoon Athari, MD
Diane Ferguson, MT(ASCP)SBB
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Harvey G. Klein, MD
Thomas A. Lane, MD
Susan F. Leitman, MD
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Ronald Strauss, MD

Histocompatibility Testing Committee

Purpose: To serve as a source of expertise concerning organ transplantation and tissue typing.
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Gary Troup, MD
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ASHI
Richard H. Walker, MD
College of American Pathologists

Molecular and Cellular Biotechnology Committee

Purpose: To serve as a resource committee for the Board to ensure that new technology is reviewed and evaluated and to suggest appropriate active roles for the Association in disseminating information about new technology to the profession, and the proper timing for implementation in transfusion services and blood centers. To continually monitor research and commercial efforts to ensure that all relevant approaches are scrutinized.
Larry C. Lasky, MD, chairman
Emanuel Hackel, PhD
Joanna M. Heal, MRCP, MD
Jay Brooks Jackson, MD
Serafeim P. Masouredis, MD, PhD

Parentage Testing Committee

Purpose: To provide a source of expertise in matters related to parentage testing.
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Dale D. Dykes
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ABA
Marilyn S. Pollack, PhD
ASHI

Pediatric Hemotherapy Committee

Purpose: To foster a knowledge and understanding of blood transfusion therapy in neonates and children.
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Heather Hume, MD
Gary J. Levy, MD
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Liaison: Alvin M. Mauer, MD
American Academy of Pediatrics

Transfusion Practices Committee

Purpose: To develop guidelines on transfusion practice for hospital transfusion services.
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Purpose: To provide consultation, as needed, on all facets of transfusion-related diseases and related laboratory tests.
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Liaisons:
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P. Ann Hoppe
Office of Biologics Research (FDA)
Merlin Sayers, MD, PhD
Council of Community Blood Centers

Transplantation Services Committee

Purpose: To provide guidance in the area of tissue banking for institutional members who wish to develop such programs.
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Consultant: Harold G. Moore
The Johns Hopkins Hospital
Liaison: Kenneth J. Fawcett, MD
Histocompatibility Testing Committee

ADMINISTRATIVE SECTION COORDINATING COMMITTEE

Purpose: To enhance the professionalism associated with blood banking administration and to provide a voice on the AABB Board of Directors, through an elected representative. To conduct studies and administrative programs, and provide services that further the best interests of the Association.
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Purpose: To represent the interests of individual members of the AABB who are concerned about the scientific and technical aspects of blood banking, and to advise the Board on matters relevant to the scientific/technical activities of the Association.

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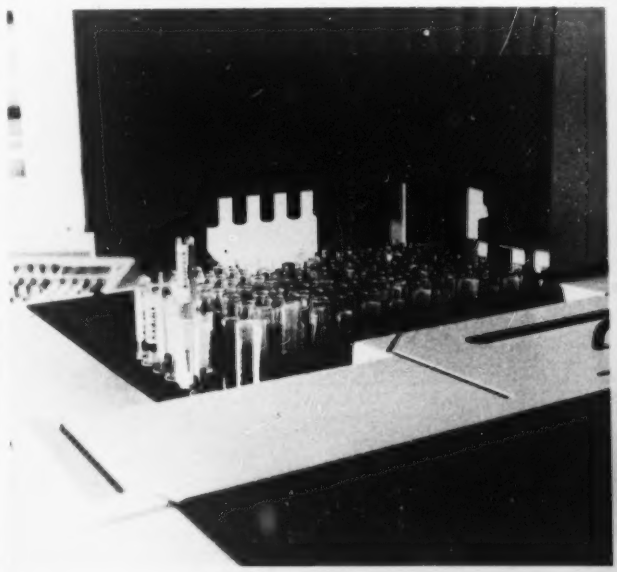

Financial Statements

American Association of Blood Banks Financial Statements for the Year Ended September 30, 1988 and 1987, together with Audit Report of Independent Public Accountants

Treasurer's Report

The financial statements of the American Association of Blood Banks for the year 1988 are presented on the following pages. The records of the Association have been audited by Arthur Andersen & Co., certified public accountants.

The results for the year were in accord with the long range plan and the Association remains in a sound fiscal position.

Donald D. Doddridge
Treasurer

Auditor's Report

We have audited the accompanying combined balance sheet of American Association of Blood Banks (the "Association," an Illinois not-for-profit corporation) as of September 30, 1988, and the related combined statements of revenues and expenses, and changes in fund balance and cash flows for the year then ended. These financial statements are the responsibility of the Association's management. Our responsibility is to express an opinion on these financial statements based on our audit. The financial statements for the year ended September 30, 1987, were audited by other auditors whose report thereon dated December 31, 1987, expressed an unqualified opinion.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the combined financial position of American Association of Blood Banks as of September 30, 1988, and the results of its operations and its cash flows for the year then ended, in conformity with generally accepted accounting principles.

Arthur Andersen & Co.
Washington DC
December 30, 1988

AMERICAN ASSOCIATION OF BLOOD BANKS
COMBINED BALANCE SHEET
SEPTEMBER 30, 1988

ASSETS	Association	Foundation	Combined Totals 1988	1987
CURRENT ASSETS:				
Cash and cash equivalents	$ 335,463	$ —	$ 335,463	$ 852,440
Investments (Note 2)	971,907	961,779	1,933,686	2,069,109
Accounts receivable	301,837	—	301,837	101,777
National Blood Exchange receivables	1,858,378	—	1,858,378	1,211,245
Publications inventory, at cost	398,547	—	398,547	257,085
Prepaid expenses and other	172,514	—	172,514	15,275
Total current assets	4,038,646	961,779	5,000,425	4,506,931
PROPERTY:				
Furniture, equipment and leasehold improvements, at cost	692,029	—	692,029	547,792
Accumulated depreciation and amortization	(323,091)	—	(323,091)	(228,603)
Property net	368,938	—	368,938	319,189
INTERFUND RECEIVABLE (PAYABLE):	19,368	(19,368)	—	—
Total assets	**$4,426,952**	**$942,411**	**$5,369,363**	**$4,826,120**

LIABILITIES AND FUND BALANCE

CURRENT LIABILITIES:				
Current portion of capitalized lease obligations	17,125	—	17,125	10,120
Accounts payable and accrued expenses	524,456	—	524,456	311,662
Payable to co-sponsor of program	—	—	—	122,741
National Blood Exchange accounts payable	744,235	—	744,235	702,217
Unearned revenue				
Membership dues	360,154	—	360,154	313,060
Annual Meeting	868,492	—	868,492	596,163
Other	71,419	—	71,419	169,267
Total current liabilities	2,585,881	—	2,585,881	2,225,230
LONG-TERM PORTION OF CAPITALIZED LEASE OBLIGATIONS:	38,000	—	38,000	28,913
Total liabilities	2,623,881	—	2,623,881	2,254,143
FUND BALANCES:				
Undesignated	1,180,031	—	1,180,031	1,386,908
Designated - Acquisition of Building (Note 1)	600,000	—	600,000	400,000
Designated AABB Foundation (Note 1)		942,411	942,411	728,929
Donated Funds	56,140		56,140	56,140
Unrealized loss on equity securities (Note 2)	(33,100)	—	(33,100)	—
Total fund balance	1,803,071	942,411	2,745,482	2,571,977
Total liabilities and fund balance	**$4,426,952**	**$942,411**	**$5,369,363**	**$4,826,120**

The accompanying notes are an integral part of these balance sheets.

AMERICAN ASSOCIATION OF BLOOD BANKS
COMBINED STATEMENTS OF REVENUE AND EXPENSES, AND CHANGES IN FUND BALANCE FOR THE YEAR ENDED SEPTEMBER 30, 1988, WITH SUMMARIZED TOTALS FOR 1987

	Association	Foundation	Combined Totals 1988	Combined Totals 1987
REVENUES:				
Membership	$1,398,750	$ —	$1,398,750	$1,300,196
Publications	981,626	—	981,626	754,808
Annual Meeting	959,217	—	959,217	898,146
National Blood Exchange	438,440	—	438,440	425,135
Interest	170,364	57,881	228,245	169,114
Technical programs	507,198	$ —	507,198	567,802
Miscellaneous	22,775	$ —	22,775	63,595
Donations	38,750	339,120	377,870	7,356
	4,517,120	397,001	4,914,121	4,186,152
EXPENSES:				
Member services	1,008,137	—	1,008,137	1,109,221
Publications	613,894	—	613,894	535,092
Meeting services	132,284	—	132,284	152,254
Scientific and education	597,293	—	597,293	473,250
Executive management	278,751	—	278,751	268,336
General administration	1,122,420	101,188	1,223,608	695,164
National Blood Exchange	298,648	—	298,648	301,042
Annual Meeting	472,570	—	472,570	597,374
Grant awards	—	82,331	82,331	23,392
	4,523,997	183,519	4,707,516	4,155,125
REVENUES IN EXCESS OF (LESS THAN) EXPENSES	(6,877)	213,482	206,605	31,027
FUND BALANCE, beginning of year	1,843,048	728,929	2,571,977	2,540,950
UNREALIZED LOSS ON EQUITY SECURITIES (Note 2)	(33,100)	—	(33,100)	—
FUND BALANCE, end of year	**$1,803,071**	**$942,411**	**$2,745,482**	**$2,571,977**

AMERICAN ASSOCIATION OF BLOOD BANKS
COMBINED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED SEPTEMBER 30, 1988 AND 1987

	1988	1987
CASH FLOWS FROM OPERATING ACTIVITIES:		
Revenues in excess of expenses	$ 206,605	$ 31,027
Noncash items included in revenues in excess of expenses - Depreciation	94,488	54,358
Changes in assets and liabilities -		
Increase in accounts receivable	(200,060)	(39,218)
Increase in NBE receivables	(647,133)	(314,538)
(Increase) Decrease in inventories	(141,462)	39,219
Increase in prepaids	(157,239)	(10,661)
Increase in accounts payable and accrued expenses	212,794	88,553
(Decrease) Increase in other payables	(122,741)	37,224
Increase in NBE payables	42,018	163,915
Increase in unearned revenue - dues	47,094	22,439
Increase in unearned revenue - annual meeting	272,329	120,507
(Decrease) Increase in unearned revenue-other	(97,848)	75,157
Provision for unrealized loss on equity securities	(33,100)	—
Net cash provided by (used in) operations	(524,255)	267,982
CASH FLOWS FROM INVESTING ACTIVITIES:		
Sales of investments, net of purchases	135,423	114,327
Purchases of fixed assets	(144,237)	(160,627)
Net cash used in investing activities	(8,814)	(46,300)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Proceeds from capital lease obligations	29,685	—
Payments on capital lease obligations	(13,593)	(8,142)
Net cash from (used in) financing activities	16,092	(8,142)
NET (DECREASE) INCREASE IN CASH	(516,977)	213,540
CASH BEGINNING OF YEAR:	852,440	638,900
CASH END OF YEAR:	**$ 335,463**	**$ 852,440**

The accompanying notes are an integral part of these statements.

AMERICAN ASSOCIATION OF BLOOD BANKS
NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED SEPTEMBER 30, 1988 AND 1987

(1) ORGANIZATION AND SIGNIFICANT ACCOUNTING POLICIES

Organization

The American Association of Blood Banks (the "Association") was incorporated under the laws of Illinois on November 5, 1958, as a nonprofit membership organization of operating blood banks and other blood bankers. The general purposes of the Association are to develop and recommend standards regulating the practice of blood banking to sponsor and support programs for the testing of blood to promote public health, to maintain the National Blood Exchange, and to conduct numerous programs for communication and education among members and the public.

The AABB Foundation (the "Foundation") is a designation of the Association's operating funds established by the Board of Directors. Earnings on the original funds designated are to be utilized for research grants in the blood banking field. At September 30, 1988, $786,770 of the fund balance designated for the Foundation in the accompanying balance sheet is restricted so that only the earnings of the related investments can be used for the activities of the Foundation. Subsequent to year-end, an additional $70,000 of the Foundation's fund balance was restricted by the Foundation's Board of Trustees. Beginning in fiscal year 1988, the Foundation reimbursed the Association for all Foundation operating expenses paid by the Association. This is reflected in the accompanying statement of revenues and expenses, and changes in fund balances. Prior to fiscal year 1988, these expenses were borne by the Association.

Basis of Presentation

The accompanying financial statements present the combined operations of the Association and the Foundation. Certain reclassifications of prior-year balances have been made to conform with the fiscal year 1988 presentation.

Revenue Recognition

Membership dues received in advance for the following fiscal year are recorded as unearned revenue. Membership dues are recognized as revenue over the period to which the dues apply. Revenue earned on the viral hepatitis survey programs is deferred until the conclusion of each annual survey. Subscriptions to *Blood Bank Week* are recorded as deferred income and recognized ratably throughout the fiscal year based upon subscription anniversary dates.

Annual Meeting Revenue and Expenses

Revenues received and expenses incurred in advance for the Association's annual meetings and other programs in the following fiscal year are recorded as unearned revenue and prepaid expenses, respectively, until the related event has occurred.

Depreciation and Amortization

Furniture and equipment is depreciated using the straight-line method over estimated service lives of 5-10 years. Leasehold improvements and equipment under capital leases are amortized over the lesser of the lease term or the estimated useful life.

Cash Flows

During fiscal year 1988, the Association adopted Statement of Financial Accounting Standards No. 95, "Statement of Cash Flows." The Association considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents.

(2) INVESTMENTS

Investments consist primarily of money market funds, short-term corporate and government bonds and equity securities. Money market funds are carried at cost, which approximates market. Debt securities are carried at cost, which, for some securities, is above market value. The Association intends to hold these securities until maturity, at which time the cost basis would be recovered. Equities are carried at lower of cost or market. During fiscal year 1988, the aggregate market value of the Association's equity securities declined approximately $33,100 below the original cost. The adjustment to recognize the decline has been reflected as a direct reduction to fund balance in the accompanying financial statements. Amounts at September 30, 1988, consist of the following.

	Cost	Market
Association		
Money market funds	$230,637	$230,636
Debt securities	623,544	616,171
Equity securities	150,825	117,726
	1,005,006	964,533
Foundation		
Money market funds	232,652	232,652
Debt securities	645,572	636,449
Equity securities	83,555	83,703
	961,779	952,804
Total	$1,966,785	$1,917,337

(3) NATIONAL BLOOD EXCHANGE

The National Blood Exchange operates as a clearinghouse for the shipping and receiving of blood units by participating blood banks. Processing and service fees are charged to receiving blood banks for each unit of blood received by them and are paid through the National Blood Exchange to the shipping blood banks.

(4) RESTRICTION ON CASH

The Association is required to maintain a compensating cash balance in the amount of $100,000 at all times for its sweep cash account.

(5) LEASE COMMITMENTS

At September 30, 1988, the Association is obligated under noncancelable operating leases for equipment and office space, which expire in various years through 1992.

The Association leases an automobile and various equipment under capital leases expiring in various years through 1991. The assets under capital leases are recorded at the lower of the present value of the minimum lease payments or the fair value of the asset.

As of September 30, 1988, minimum future rental payments under the operating leases and capitalized leases for each of the next five years and in total are summarized below.

Year ended September 30	Operating leases	Caprtal leases
1989	$ 272,036	$ 22,152
1990	281,316	20,888
1991	281,316	14,340
1992	164,101	7,635
Total minimum future rental payments	$ 998,769	$ 65,015
Less — Amount representing interest		9,890
Present value of future lease payments		$ 55,125

Total rental expense for office and equipment operating leases was approximately $225,000 and $194,000 for the years ended September 30, 1988 and 1987, respectively.

(6) PENSION PLAN

The Association has a defined contribution pension plan covering substantially all full-time employees. The Association's annual contribution, as defined in the plan, is based on certain percentages of the participants' compensation for the preceding plan year. Benefits related to employer contributions begin vesting after two years of service and become fully vested at nine years. Employees may make annual voluntary contributions to the plan of up to $2000 plus 10% of their annual compensation as of the last day of the plan year. Pension expense was $46,613 and $42,115 for the years ended September 30, 1988 and 1987, respectively.

(7) INCOME TAX STATUS

The Association is exempt from Federal income taxes under the provisions of Section 501(c)(3) of the Internal Revenue Code.

1987–1988 Sustaining Members

The following institutions and individuals were AABB Sustaining Members and contributors in 1988. Sustaining membership indicates support of the principles, programs and objectives of the AABB. Funds enable Association activities not otherwise possible.

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Beaumont, TX

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Taiwan, Republic of China

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Wespelaar, Belgium

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Somers, CT

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Barcelona, Spain

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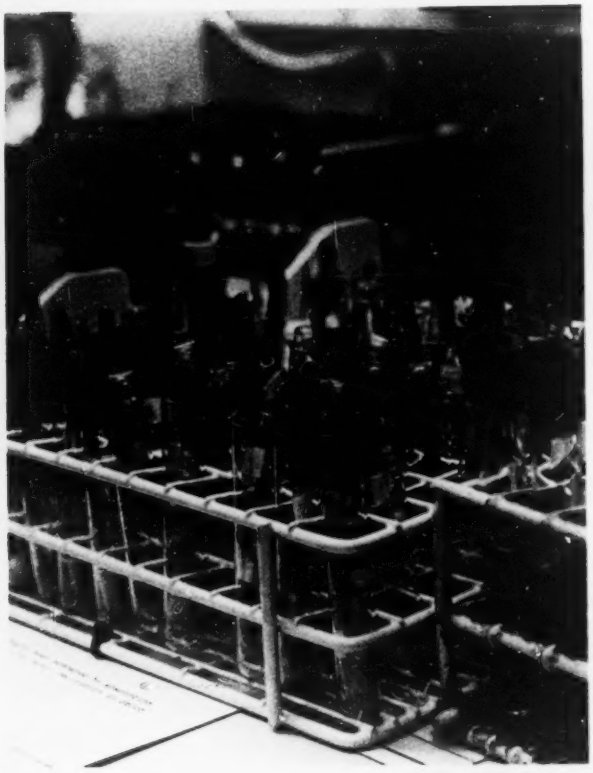
Helen Ziniuk
Sudbury, ON, Canada



Institutional Sustaining Members

Akron City Hospital, Akron, OH
Akron General Hospital, Akron, OH
Albemarle Hospital, Inc., Elizabeth City, NC
Albert Einstein Medical Center, Philadelphia, PA
Allegheny General Hospital, Pittsburgh, PA
Allentown Hospital, Allentown, PA
Alton Ochsner Medical Foundation, New Orleans, LA
Altoona Hospital, Altoona, PA
American Red Cross Blood Services, Dedham, MA
American Red Cross Blood Services, Norfolk, VA
American Red Cross Blood Services, Nashville, TN
American Red Cross Blood Services, Flint, MI
American Red Cross Blood Services, Lansing, MI
American Red Cross Blood Services, Little Rock, AR
American Red Cross Blood Services, Cleveland, OH
American Red Cross Blood Services, Washington, DC
Americus and Sumter County Hospital, Americus, GA
Anne Arundel General Hospital, Annapolis, MD
Arizona Medical Center, Tucson, AZ
Arlington Hospital, Arlington, VA
Audobon Hospital, Louisville, KY
Augustana Hospital and Health Care Center, Chicago, IL
Baldwin County Hospital, Milledgeville, GA
Baltimore Rh Typing Laboratory, Inc., Baltimore, MD
Banco De Sangre De Servicios Motus, Inc., Hato Rey, PR
Baptist Medical Center, Jacksonville, FL
Baptist Medical Center, Kansas City, MO
Baptist Medical Center, San Antonio, TX
Baptist Memorial Hospital, Memphis, TN
Baraga County Memorial Hospital, L'Ange, MI
Bassett Army Community Hospital, Fort Wainwright, AK
Baton Rouge General Hospital, Baton Rouge, LA
Baylor University Medical Center, Dallas, TX
Bayne-Jones Army Community Hospital, Fort Polk, LA
Baystate Medical Center, Springfield, MA
Belle Bonfils Memorial Blood Center, Denver, CO
Beth Israel Hospital, Passaic, NJ
Bethany Methodist Hospital, Chicago, IL
Bethesda Memorial Hospital, Boynton Beach, FL
Beverly Hospital, Montebello, CA
Blood Bank of Delaware, Inc., Newark, DE
Blood Bank of San Bernardino-Riverside Counties, San Bernardino, CA
Blood Bank of Hawaii, Honolulu, HI
Blood Bank of the Alameda-Contra Costa, Oakland, CA
The Blood Bank Center, Fort Hood, TX
Blood Bank of the Redwoods, Santa Rosa, CA
The Blood Center for Southeast Louisiana, New Orleans, LA
Blood Center of Southeast Texas, Beaumont, TX
Blood Donation Association, Taiwan, Republic of China
Blood Donors, Inc., Duluth, MN
Blood Group Reference Laboratory, Oxford, England
Bloomsburg Hospital, Bloomsburg, PA
Bluefield Community Hospital, Bluefield, WV
Bogalusa Community Medical Center, Bogalusa, LA
The Brigham & Women's Hospital, Boston, MA
Broaddus Hospital, Philippi, WV
Brookdale Hospital Medical Center, Brooklyn, NY
Brooke Army Medical Center, Fort Sam Houston, TX
Brookside Hospital, San Pablo, CA
Brownsville General Hospital, Brownsville, PA
Bryan Memorial Hospital, Durant, OK
Bryn Mawr Hospital, Bryn Mawr, PA
Bucyrus Community Hospital, Bucyrus, OH
Buffalo General Hospital Blood Bank, Buffalo, NY
The Burbank Hospital, Fitchburg, MA
Butterworth Hospital, Grand Rapids, MI
Carraway Methodist Medical Center, Birmingham, AL
Carter Blood Center, Forth Worth, TX
Cedars of Lebanon Hospital, Miami, FL
Cedars-Sinai Medical Center, Los Angeles, CA
Central Blood Bank of Pittsburgh, Pittsburgh, PA
Central Florida Blood Bank, Inc., Orlando, FL
Central Jersey Blood Bank, Shrewsbury, NJ
Central Pennsylvania Blood Bank, Hershey, PA
Central Texas Regional Blood Center, Austin, TX
Champaign County Blood Bank, Urbana, IL
Charlotte Memorial Hospital, Charlotte, NC
Charlton Memorial Hospital, Flokston, GA
Chester County Hospital, West Chester, PA
Chestnut Hill Hospital, Philadelphia, PA
Children's Hospital of Philadelphia, Philadelphia, PA
Children's Hospital Medical Center of Akron, Akron, OH
Chilton Memorial Hospital, Pompton Plains, NJ
Christian Hospital Northeast, Saint Louis, MO
Church Hospital Corporation, Baltimore, MD
Columbia Hospital, Columbia, PA
Community Blood Bank Center, Inc., Rancho Mirage, CA
Community Blood Center, Dayton, OH
Community Hospital of Roanoke Valley, Roanoke, VA
Community Hospital of Monterey Peninsula, Monterey, CA
Community Hospital of Lancaster, Lancaster, PA
Community Medical Center, Scranton, PA
Consolidated Regional Laboratories—Schoitz, Waterloo, IA
Consolidated Regional Laboratories, Waterloo, IA
Copley Memorial Hospital, Aurora, IA
Corry Memorial Hospital Laboratory, Corry, PA
Cottonwood Hospital Medical Center, Murray, UT
Cutler Army Community Hospital, Fort Devens, MA
Dameron Hospital Association, Stockton, CA
Damon Clinical Laboratories, Berwyn, IL
Decatur County Memorial Hospital, Greensburg, IN

Deepdale General Hospital, Little Neck, NY
Delta Blood Bank, Stockton, CA
Detroit Osteopathic Hospital, Detroit, MI
Dhahran Health Center, Dhahran, Saudi Arabia
Diagnostic Lab Services, Inc., Honolulu, HI
Dr. Ramon Ruiz Arnau University Hospital, Bayamon, PR
Doctors Memorial Hospital, Spartanburg, SC
Duke University Medical Center, Durham, NC
Durham County General Hospital, Durham, NC
E. Ohio Regional Hospital at Martins Ferry, Martins Ferry, OH
East Orange General Hospital, East Orange, NJ
East Pasco Medical, Zephyrhills, FL
East Tennessee Children's Hospital, Knoxville, TN
Easton Hospital, Easton, PA
Elks Blood Bank, Danville, IL
Elliott Hospital, Manchester, NH
Elliott White Springs Memorial Hospital, Lancaster, SC
Emanual Hospital, Portland, OR
Episcopal Hospital, Philadelphia, PA
Erlanger Medical Center, Chattanooga, TN
Eskaton Merican River Health Care Center, Carmichael, CA
The Faulkner Hospital, Jamaica Plains, MA
The Faxton-Children's Hospital, Utica, NY
Fitzsimons Army Medical Center, Denver, CO
Francis Scott Key Medical Center, Baltimore, MD
Frankford Hospital, Philadelphia, PA
Fremont Medical Center, Yuba City, CA
Garland Community Hospital, Garland, TX
Gaston Memorial Hospital, Inc., Gastonia, NC
Geisinger-Wyoming Valley Medical Center, Wilkes-Barre, PA
General Hospital, Eureka, CA
Georgetown University Hospital, Washington, DC
Georgia Baptist Medical Center, Atlanta, GA
Glenwood Hospital, West Monroe, LA
Good Samaritan Hospital, West Islip, NY
Good Samaritan Hospital, Lebanon, PA
Good Samaritan Hospital, San Jose, CA
Good Samaritan Medical Center, Zanesville, OH
Good Samaritan Medical Center, Puyallup, WA
Grand View Hospital, Sellersville, PA
Greater Baltimore Medical Center, Baltimore, MD
Greater Metropolitan Community Blood Service, Inc., New York, NY
Greene County Hospital, Linton, IN
Greenville Memorial Hospital, Greenvile, SC
Guadalupe Medical Center, Carlsbad, NM
Gulf Area Regional Blood Bank, Inc., Venice, FL
Gulf Coast Regional Blood Center, Houston, TX
Gunnison County Public Hospital, Gunnison, CO
Hackettstown Community Hospital, Hackettstown, NJ
Hahnemann University Hospital, Philadelphia, PA
Halifax Memorial Hospital, Roanoke Rapids, NC
Hamilton Hospital, Hamilton Square, NJ
Harper-Grace Hospitals, Detroit, MI
Hays Community Blood Bank, Hays, KS
Hendersonville, TN
Hendry General Hospital, Clewiston, FL
Hennepin County Medical Center, Minneapolis, MN
Henry General Hospital, Stockbridge, GA
Herbert J. Thomas Memorial Hospital, South Charleston, WV
Highland Hospital of Rochester, Rochester, NY
Hillcrest Medical Center, Tulsa, OK
Hinsdale Sanitarium and Hospital, Hinsdale, IL
Holland Community Hospital, Holland, MI
Holy Cross Hospital of Silver Spring, Silver Spring, MD
Holy Cross Hospital, Detroit, MI
Holy Spirit Hospital, Camp Hill, PA
Holzer Medical Center, Gallipolis, OH
Hospital for Special Surgery, New York, NY
Houchin Community Blood Bank, Bakersfield, CA
Houlton Regional Hospital, Houlton, ME
Howard University Hospital, Washington, DC
Humana Hospital Newnan, Newnan, GA
Humana Hospital Florence, Florence, AL
Humana Hospital Huntington Beach, Huntington Beach, CA
Humana Hospital Overland ParkOverland Park, KS
Hunter Blood Center, Inc., Clearwater, FL
Huron Road Hospital, Cleveland, OH
Hyde Park Community Hospital, Chicago, IL
Imperial Point Hospital, Fort Lauderdale, FL
Indian Path Hospital, Kingsport, TN
Indian River Blood Bank, Vero Beach, FL
Indiana University Hospitals, Indianapolis, IN
Ingham Medical Center, Lansing, MI
Iranian National Blood Transfusion Service, Tehran, Iran
Irwin Memorial Blood Bank, San Francisco, CA
Jacksonville Medical Center, Jacksonville, FL
Jamaica Hospital, New York, NY
James A. Haley Veterans Hospital, Tampa, FL
Jeanes Hospital, Philadelphia, PA
Jefferson Memorial Hospital, Ranson, WV
Jennie Edmundson Memorial Hospital, Council Bluffs, IA
Jersey City Medical Center, Jersey City, NJ
Jersey Shore Medical Center, Neptune, NJ
John F. Kennedy Memorial Hospital, Cherry Hill, NJ
John F. Kennedy Memorial Hospital, Stratford, NJ
John L. McClellan Memorial Veterans Hospital, Little Rock, AR
Johns Hopkins Hospital, Baltimore, MD
Johnson City Medical Center, Johnson City, TN
Johnson County Memorial Hospital, Franklin, IN
Johnston Memorial Hospital, Abingdon, VA
Kaiser Permanente Medical Center, Redwood City, CA
Kaiser Permanente Medical Group, Sacramento, CA
Kennestone Hospital, Marietta, GA
Kent and Queen Anne's Hospital, Chestertown, MD
Kings County Hospital Center, Brooklyn, NY
King's Daughters Memorial Hospital, Frankfort, KY
Knox County General Hospital, Barbourville, KY
Kuwait Transfusion Service, Kuwait
LBJ Tropical Medical Center, Pago Pago, AS
La Crosse Lutheran Hospital, La Crosse, WI
La Grange Memorial Hospital, La Grange, IL
Laboratory Service of Central General Hospital, Plainview, NY
Lake Charles Memorial Hospital, Lake Charles, LA
Lake City Medical Center, Lake City, FL
Lake Wales Hospital, Lake Wales, FL
Lakes Region General Hospital, Laconia, NH
Lancaster Fairfield Community Hospital, Lancaster, OH
Lawnwood Medical Center, Fort Pierce, FL
Lawrence General Hospital, Lawrence, MA
LDS Hospital, Salt Lake City, UT
Leesburg, General Hospital, Leesburg, FL
Lenox Hill Hospital, New York, NY
Leon County Blood Bank, Inc., Tallahassee, FL
Liberty Medical Center, Inc., Baltimore, MD
Licking Memorial Hospital, Newark, OH
LifeSource, Glenview, IL
Lloyd Noland Hospital, Fairfield, AL
Long Island College Hospital, Brooklyn, NY
Lorain County Blood Bank, Inc., Elyria, OH
Los Angeles County—USC Medical Center, Los Angeles, CA
Loudoun Memorial Hospital, Leesburg, VA
Louisiana Blood Center, Shreveport, LA
Lower West Coast Blood Bank, Inc., Sarasota, FL
Lubbock General Hospital, Lubbock, TX
Magnolia Hospital, Corinth, MS
Manatee Country Blood Bank, Inc., Bradenton, FL
Margaret R. Pardee Memorial Hospital, Hendersonville, NC
Marion County Blood Bank, Ocala, FL
Mary Greeley Memorial Hospital, Ames, IA
Mary Hitchcock Memorial Hospital, Hanover, NH
Mary Immaculate Hospital, Newport News, VA
Maxwell Blood Bank, Chicago, IL
Mayo Clinic, Rochester, MN
McCullough-Hyde Memorial Hospital, Oxford, OH
McDonough County District Hospital, Macomb, IL
McKay-Dee Hospital Center, Ogden, UT
Medical Center of Central Georgia, Macon, GA
Medical Center at Princeton, Princeton, NJ
Medical Center Hospital, Chillicothe, OH
Medical Center of Delaware, Inc., Wilmington, DE
Memorial Blood Center of Minneapolis, Minneapolis, MN
Memorial Hospital for Cancer and Allied Diseases, New York, NY
Memorial Hospital at Easton, Easton, MD
Memorial Hospital, Chattanooga, TN
Memorial Hospital of Union County, Marysville, OH
Memorial Hospital of Floyd County, New Albany, IN
Memorial Hospital, Manitowoc, WI
Memorial Hospital of Dodge County, Fremont, NE
Mercy Hospital of Johnstown, Johnstown, PA
Mercy Hospital, Chicago,IL
Mercy Hospital of New Orleans, New Orleans, LA
Mercy Medical Center, Springfield, OH
Mercy Medical Center, Coon Rapids, MN
Mercy San Juan Hospital, Carmichael, CA
Methodist Medical Center, Saint Joseph, MO
Methodist Hospital, Brooklyn, NY
The Methodist Hospital, Houston, TX
Metropolitan Hospital, Grand Rapids, MI
Mid-Island Hospital, Bethpage, NY
Mill Creek Community Hospital, Erie, PA
Milton Hospital, Milton, MA
Milwaukee County Medical Complex, Milwaukee, WI
Mississipi Valley Regional Blood Center, Davenport, IA
Mississippi Headwaters Blood Bank, Inc., Bemidji, MN
Monadnock Community Hospital, Peterborough, NH
Montrose Memorial Hospital, Montrose, CO
Mount Carmel Medical Center, Pittsburgh, KS
Mount Desert Island Hospital, Bar Harbor, ME
Mount Sinai Hospital, Minneapolis, MN
Mount Vernon Hospital, Mount Vernon, NY
Muncy Valley Hospital, Muncy, PA
Naples Community Hospital, Naples, FL
Natividad Medical Center, Salinas, CA
Naval Hospital, Great Lakes, IL
Naval Hospital, Oakland, CA
Naval Hospital, Oceanside, CA
US Naval Hospital, Yokosuka, Japan (FPO Seattle, WA)
Naval Medical Command, Bethesda, MD
Nazareth Hospital, Philadelphia, PA
Nesbitt Memorial Hospital, Kingston, PA
New England Baptist Hospital, Boston, MA
New Hanover Memorial Hospital, Wilmington, NC
The New York Hospital, New York, NY
North Arundel Hospital, Glen Burnie, MD
North Charles General Hospital, Baltimore, MD
Northeastern Vermont Regional Hospital, Inc., Saint Johnsbury, VT
Northridge Hospital, Northridge, CA
Northwest Community Hospital, Arlington Heights, IL
Norwood Hospital, Norwood, MA
Notre Dame Hospital, Central Falls, RI
Nueces County Medical Society Community Blood Bank, Corpus Christi, TX
Olympia Fields Osteopathic Medical Center, Olympia Fields, IL
Orlando General Hospital, Orlando, FL
Osteopathic Medical Center of Philadelphia, Philadelphia, PA
Otsego Memorial Hospital, Gaylord, MI
Our Lady of Victory Hospital, Lackawanna, NY
Palms of Pasadena Hospital, Saint Petersburg, FL
Parkview Memorial Hospital, Brunswick, ME
Peninsula Memorial Blood Bank, Burlingame, CA
Perth Amboy General Hospital, Perth Amboy, NJ
Physicians Memorial Hospital, La Plata, MD
Pocono Hospital, East Stroudsburg, PA
Polk General Hospital, Bartow, FL
Port St. Lucie Hospital, Port St. Lucie, FL
Potomac Hospital, Woodbridge, VA
Pottstown Memorial Medical Center, Pottstown, PA
Pottsville Hospital and Warner Clinic, Pottsville, PA
Poudre Valley Hospital, Fort Collins, CO
Prairie Lakes Hospital, Watertown, SD
University of Pennsylvania Medical Center, Philadelphia, PA
Presbyterian Medical Center, Denver, CO
Prince William Hospital, Manassas, VA
Private Blood Bank of Australia, New South Wales, Australia
Providence Hospital, Columbia, SC
Providence Medical Center, Portland, OR

Public Health Service Alaska Native Medical Center, Anchorage, AK
Puget Sound Hospital, Tacoma, WA
L.F. Quigley Soldiers Home, Chelsea, MA
Radford Community Hospital, Radford, VA
Rancocas Valley Hospital, Willingboro, NJ
Reading Hospital and Medical Center, West Reading, PA
Red Cross Blood Bank Groningen-Drenthe, Groningen, The Netherlands
Redford Community Hospital, Detroit, MI
Redington-Fairview General Hospital, Skowhegan, ME
Regional Memorial Hospital, Brunswick, ME
Research Belton Hospital, Belton, MO
Reynolds Army Community Hospital, Fort Sill, OK
Rhode Island Medical Center General Hospital, Cranston, RI
The Rhode Island Blood Center, Providence, RI
Richland Memorial Hospital, Columbia, SC
Richmond Metropolitan Blood Service, Inc., Richmond, VA
Riverside Hospital, Toledo, OH
Robert Packer Hospital, Sayre, PA
Roper Hospital, Charleston, SC
Rose Medical Center, Denver, CO
Rumford Community Hospital, Rumford, ME
Sacramento Medical Foundation Blood Bank, Sacramento, CA
Sacred Heart Medical Center, Chester, PA
Saint Alexis Hospital, Cleveland, OH
Saint Ann's Hospital, Westerville, OH
Saint Bernard Hospital, Chicago, IL
Saint Catherine Hospital, Garden City, KS
St. Elizabeth Hospital Medical Center, Lafayette, IN
Saint Francis Medical Center, Trenton, NJ
Saint Francis Medical Center, La Crosse, WI
Saint Francis Hospital, Blue Island, IL
Saint Frances X. Cabrini Hospital, Chicago, IL
Saint Francis Hospital, Wichita, KS
Saint Frances Cabrini Hospital, Alexandria, LA
Saint Francis Medical Center, Lynwood, CA
Saint John's Hospital, Lowell, MA
Saint John's Riverside Hospital, Yonkers, NY
Saint John's General Hospital, Pittsburgh, PA
St. John's Northeast Community Hospital, Maplewood, MN
Saint Joseph's Hospital, Stockton, CA
Saint Joseph Hospital, Nashua, NH
Saint Joseph Hospital, Stamford, CT
Saint Joseph's Hospital, Buckhannon, WV
Saint Joseph Hospital, Port Charlotte, FL
Saint Joseph Hospital, Lexington, KY
Saint Joseph's Hospital, Huntingburg, IN
Saint Joseph Mercy Hospital, Pontiac, MI
Saint Joseph Hospital, Flint, MI
Saint Joseph Mercy Hospital, Mason City, IA
Saint Joseph Hospital, Mitchell, SD
Saint Joseph Hospital, Elgin, IL
Saint Joseph Hospital, Chicago, IL
Saint Jude Children's Research Hospital, Memphis, TN
St. Luke's Medical Center, Milwaukee, WI
Saint Luke's Memorial Hospital, Racine, WI
Saint Luke's Hospital, Middleboro, MA
Saint Luke's Methodist Hospital, Cedar Rapids, IA
Saint Margaret's Hospital, Montgomery, AL
Saint Mark's Hospital, Salt Lake City, UT
Saint Mary Hospital, Hoboken, NJ
Saint Mary Hospital, Langhorne, PA
St. Mary-Corwin Hospital Regional Medical & Health Center, Pueblo, CO
Saint Mary Medical Center, Long Beach, CA
Saint Mary's Hospital, Philadelphia, PA
Saint Mary's Hospital, Leonardtown, MD
Saint Mary's Hospital, Huntington, WV
Saint Mary's Hospital and Health Center, Tucson, AZ
Saint Mary's Health Center, Jefferson City, MO
Saint Peter's Medical Center, New Brunswick, NJ
St. Peter's Community Hospital, Helena, MT
Saint Vincent Medical Center, Los Angeles, CA
Saint Vincent Charity Hospital and Health Center, Cleveland, OH
Santa Clara Valley Medical Center, San Jose, CA
Santa Teresa Community Hospital, San Jose, CA
Saratoga General Hospital, Detroit, MI
Sequoia Hospital, Redwood City, CA
Shady Grove Adventist Hospital, Rockville, MD
Shadyside Hospital, Pittsburgh, PA
Shallowford Community Hospital, Chamblee, GA
Shore Memorial Hospital, Somers Point, NJ
Sibley Memorial Hospital, Washington, DC
Sierra Medical Center, El Paso, TX
Sinai Hospital of Detroit, Detroit, MI
Slidell Memorial Hospital, Slidell, LA
SmithKline Bio-Science Laboratories, Norristown, PA
South Bend Medical Foundation, Inc., South Bend, IN
South Carolina Baptist Hospital Laboratory, Columbia, SC
South Florida Baptist Hospital, Plant City, FL
South Highland Hospital, Birmingham, AL
South Hills Health Systems, Pittsburgh, PA
South Louisiana Medical Center, Houma, LA
South Shore Hospital and Medical Center, Miami Beach, FL
South Shore Hospital, South Weymouth, MA
Southeastern General Hospital, Inc., Lumberton, NC
Spring Branch Memorial Hospital, Houton, TX
Stanford University Hospital, Stanford, CA
Staten Island Hospital, Staten Island, NY
Stephen's Memorial Hospital, Norway, ME
Stewart Blood Center, Inc., Tyler, TX
Stormont-Vail Regional Medical Center, Topeka, KS
Sunrise Hospital, Las Vegas, NV
Swedish Medical Center, Englewood, CO
Sylvan N. Goldman Center, Oklahoma City, OK
Tarpon Springs General Hospital, Tarpon Springs, FL
Terrebonne General Hospital, Houma, LA
Texoma Regional Blood Center, Sherman, TX
Tobey Hospital, Wareham, MA
Toledo Hospital, Toledo, OH
Tri-Cities Medical Laboratory, Johnson City, TN
Trinity Lutheran Hospital, Kansas City, MO
Truman Medical Center, Kansas City, MO
Two Rivers Community Hospital, Two Rivers, WI
Union Memorial Hospital, Inc., Monroe, NC
Uniontown Hospital, Uniontown, PA
United Blood Services, Tupelo, MS
United Hospital, Port Chester, NY
United Hospital Center, Inc., Clarksburg, WV
Unity Hospital, Fridley, MN
University of Alabama Hospital, Birmingham, AL
University of California Medical Center, San Francisco, CA
University of Chicago, Chicago, IL
University Hospital, New York, NY
University Hospital, Augusta, GA
The University Hospital, Saint Louis, MO
University of Illinois Hospital, Chicago, IL
University of Minnesota Hospital, Minneapolis, MN
University of Nebraska Hospital, Omaha, NE
University of New Mexico Hospital, Albuquerque, NM
University of Pennsylvania Blood Center, Philadelphia, PA
US Lyster Army Hospital, Fort Rucker, AL
US Naval Hospital, FPO Seattle, WA
US Air Force Academy Hospital, USAF Academy, CO
US Air Force Hospital Kirtland, Kirtland AFB, NM
US Air Force Hospital Eglin, Eglin AFB, FL
USAF Hospital - Lajes, APO New York, NY
US Air Force Medical Center, Dayton, OH
Utah Valley Hospital, Provo, UT
VA Medical Center, Martinez, CA
Veterans Administration Medical Center, Dayton, OH
Veterans Administration Medical Center, Leavenworth, KS
Veterans Administration Medical Center, New York, NY
Veterans Administration Medical Center, Philadelphia, PA
Veterans Administration Medical Center, East Orange, NJ
Veterans Administration Medical Center, Tuskegee, AL
Veterans Administration Medical Center, Houston, TX
Veterans Administration Medical Center, Shreveport, LA
Veterans Administration Medical Center, Alexandria, LA
Veterans Administration West Side Hospital, Chicago, IL
Valley Medical Center of Fresno, Fresno, CA
Valley Presbyterian Hospital, Van Nuys, CA
Valley View Hospital, Glenwood Springs, CO
Vanderbilt University Medical Center, Nashville, TN
Verdugo Hills Hospital, Glendale, CA
Victory Memorial Hospital, Brooklyn, NY
Virginia Blood Bank, Inc., Richmond, VA
Walker Memorial Hospital, Avon Park, FL
Walker Regional Medical Center, Inc., Jasper, AL
Waltham Weston Hospital and Medical Center, Waltham, MA
Warren General Hospital, Warren, PA
Washington Hospital Center, Washington, DC
Washoe Medical Center Lab, Reno, NV
Waterbury Hospital, Waterbury, CT
Wayne General Hospital, Wayne, NJ
Wentworth Douglass Hospital, Dover, NH
West Hudson Hospital, Kearny, NJ
West Tennessee Regional Blood Center, Inc., Jackson, TN
Western Kentucky Regional Blood Center, Owensboro, KY
Wheeler Hospital Association, Gilroy, CA
Whidden Memorial Hospital, Everett, MA
White Memorial Hospital, Los Angeles, CA
White Plains Hospital, White Plains, NY
William Beaumont Hospital, Royal Oak, MI
William Jennings Bryan Dorn Veterans Hospital, Columbia, SC
Williamsport Hospital, Williamsport, PA
Wilson Memorial Hospital, Wilson, NC
Winchester Hospital, Winchester, MA
Winchester Medical Center, Winchester, VA
Worcester Hahnemann Hospital, Worcester, MA
Zurbrugg Memorial Hospital, Riverside, NJ

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